

Glamorgan County Council.




REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1946.

A. R. CULLEY, M.D., B.Ch. (Wales), B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.,
MEDICAL OFFICER OF HEALTH.



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CARDIFF:

WILLIAM LEWIS (PRINTERS) LIMITED.

Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

ANNUAL REPORT, 1946.

I have the honour to present to you my fifth annual report. 1946 was a difficult year in many respects ; a year when one felt an urge to new endeavour although accomplishment was limited by the circumstances of the times. Staffing and building were short and these two factors play a large part in any desired expansion of services. In other respects, and in spite of difficulties, one had the satisfaction of marching forward.

From a national health point of view, it was a momentous year. The National Health Services Act, 1946, was placed on the Statute Book and a new phase had thus begun in medical administration. This Act brings all hospitals under one control—the control of the Minister of Health, voluntary and municipal hospitals become as one ; County Councils and County Borough Councils become the new local health authorities and all health functions, except the purely environmental, become their responsibility. New and strange forms of administration will grow up but their newness should be accepted as a challenge to our determination to make this Act a success.

The statistics for the County for the year, given in detail in this report, can be summarised as follows : The death rate has decreased from 12·9 in 1945 to 12·1 in 1946, the rate for England and Wales being 11·5. The birth rate increased substantially from 18·1 per 1,000 population in 1945 to 19·4 in 1946. The infantile mortality rate fell from 58 per 1,000 last year to a new County record of 45. The maternal mortality in 1943, 1944, 1945, and 1946 was 4·67, 3·59, 3·21, and 2·31 respectively. This latter figure also constitutes a County record. The stillbirth rate (per 1,000 population) slightly increased from 0·62 to 0·69, the rate for England and Wales being 0·53. The death rate from pulmonary tuberculosis was 0·61 per 1,000, almost identical with the 1945 rate, which was 0·60, but the death rate from non-pulmonary tuberculosis was slightly lower than for 1945. Cancer deaths decreased slightly, which was the first decrease for some years.

The County Hospitals had a hard year but progress was made in many respects. Glyncornel, a maternity annexe to Llwynypia Hospital, was opened and it became certain that the East Glamorgan County Hospital, Church Village, would soon be opened to the civilian population as an indication was given of the return of this hospital to the control of the County Council.

The domiciliary midwifery service did a good year's work and stood up to great difficulties in staff shortages and hard winter conditions. Housing of new midwives presents a problem and a real solution must be found. The Midwifery Training School continued to run successfully and is our main source of recruits to the midwifery service, both institutional and domiciliary. A decision was made during the year to provide gas and air analgesia as part of the domiciliary midwifery scheme and the training of the midwives and the obtaining of the machines were immediately commenced.

The tuberculosis after-care schemes and work under the Blind Persons Acts continued successfully ; the important work of the Cardiff and County Laboratory proceeded quietly but most efficiently. My colleagues in the district authorities gave me every co-operation and I am grateful to them. The County medical, dental, and nursing staffs accomplished a very good year's work.

Dr. Evan Thomas acted efficiently as Deputy County Medical Officer and the administrative staff of the department has also rendered efficient service.

I desire to express to the members of the Committee my sincere gratitude for their constant encouragement and obvious desire to do all within their power to improve the health conditions of the Administrative County of Glamorgan.

I remain,

Your obedient servant,

A. R. CULLEY,
County Medical Officer.

1st August, 1947.

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VITAL STATISTICS, 1946.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1946, and, for the purpose of comparison, similar statistics for the years 1945 and 1925 are given.

	Birth Rate.			Death Rate.			Infant Mortality Rate.		
	1946	1945	1925	1946	1945	1925	1946	1945	1925
England and Wales	19.1	16.1	18.3	11.5	11.4	12.2	43	46	75
Administrative County of Glamorgan ..	19.4	18.1	21.8	12.1	12.9	11.2	45	58	83
Total Urban Districts	19.8	18.2	21.9	12.5	13.3	11.4	45	59	87
Total Rural Districts	18.5	17.8	21.2	11.0	12.0	10.6	46	53	69
URBAN DISTRICTS :—									
Aberdare	16.5	15.6	17.0	14.6	15.2	11.8	46	46	98
Barry Borough	21.5	20.3	21.1	11.8	13.8	10.7	47	55	81
Bridgend	20.0	17.4	20.9	10.3	11.5	11.7	27	35	35
Caerphilly	23.5	21.1	25.8	12.4	14.1	11.8	46	68	103
Cowbridge Borough	15.1	20.7	20.6	8.8	10.8	8.6	53	80	—
Gelligaer	22.1	20.7	24.4	11.7	12.6	11.3	54	94	95
Glyncorwg	22.1	22.8	27.0	11.8	12.3	10.2	71	64	60
Llwchwr	15.5	16.3	19.7	11.1	12.6	10.7	43	62	62
Maesteg	22.1	19.4	22.3	11.3	14.3	11.0	50	55	92
Mountain Ash	19.9	19.2	22.0	12.2	12.6	11.8	50	57	89
Neath Borough	19.1	16.0	22.1	12.8	12.6	11.6	44	47	65
Ogmore and Garw	19.5	19.4	22.1	11.8	11.7	10.7	33	44	96
Penarth	18.7	14.3	16.8	12.9	13.1	10.4	32	31	75
Pontypridd	20.1	18.3	23.1	13.0	13.3	11.4	53	83	85
Porthcawl	17.1	16.2	17.1	13.2	14.8	13.0	14	37	57
Port Talbot Borough	19.3	17.5	22.6	11.9	12.6	10.1	43	62	60
Rhondda	19.4	17.9	22.1	13.2	13.4	12.1	43	53	96
RURAL DISTRICTS :—									
Cardiff	17.3	16.4	18.5	10.3	10.8	10.4	42	35	49
Cowbridge	22.0	21.7	25.3	10.7	12.9	10.7	64	53	69
Gower	18.6	15.2	18.4	11.8	10.7	11.9	75	37	61
Llantrisant and Llantwit Fardre ..	21.1	21.7	25.7	11.5	14.2	11.4	36	68	75
Neath	18.5	16.6	22.6	11.2	11.5	10.3	47	55	89
Penybont	17.9	19.1	20.6	10.0	12.3	9.5	33	46	63
Pontardawe	17.4	15.8	19.2	12.3	12.3	10.8	52	68	59

POPULATION.

The estimate of the Registrar-General gives the population of the Administrative County as 710,160. This is an increase of approximately 13,000 over the estimated population for 1945. The excess of births over deaths has increased substantially as compared with last year. The effect of our modern procedures becomes apparent when one realises that only thirty years ago the excess of births over deaths was more than double that now obtaining. On the other hand, the excess of births over deaths in 1946 was the greatest number since 1928.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1929	809,200	4,582
1903	631,398	13,137	1930	809,200	4,921
1913	791,208	14,363	1931	766,141	3,670
1914	802,752	14,047	1932	763,000	3,482
1915	777,430	12,266	1933	758,160	2,504
1916	752,619	11,485	1934	751,650	3,579
1917	766,990	10,236	1935	743,800	3,015
1918	740,254	8,866	1936	731,350	2,358
1919	795,924	9,828	1937	714,200	1,714
1920	827,639	14,128	1938	708,500	1,982
1921	814,717 (Census)	14,015	1939	709,500	1,746
1922	838,064	10,006	1940	716,400	2,077
1923	827,900	10,656	1941	740,310	2,595
1924	839,500	10,294	1942	714,400	4,422
1925	843,400	8,898	1943	697,300	4,125
1926	843,100	8,213	1944	704,540	5,043
1927	837,000	5,366	1945	697,780	3,621
1928	812,200	5,748	1946	710,160	5,208

EXTRACTS FROM VITAL STATISTICS.

The following is a short extract from the Vital Statistics of the year 1946:—

<i>Live Births :</i>				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	{ Birth rate per 1,000 of population, 19.4	
Legitimate	..	..	13,207	6,776	6,431		
Illegitimate	..	..	592	304	288		
<i>Stillbirths</i>	..	..	..	490	282	208	{ Rate per 1,000 total (live and still) births, 34.29, or 0.69 per 1,000 population.
<i>Deaths</i>	8,591	4,809	3,782	{ Death rate per 1,000 of population, 12.1.
<i>Deaths from Puerperal Causes :</i>				<i>Deaths.</i>		<i>Rate per 1,000 total (live and still) births.</i>		
Puerperal and Post Abort: Sepsis				4		0.28		
Other Maternal Causes				29		2.03		
Total				33		2.31		
<hr/>								
<i>Death rate of Infants under one year of age :</i>								
All infants per 1,000 live births				45				
Legitimate infants per 1,000 legitimate live births				44				
Illegitimate infants per 1,000 illegitimate live births				81				
<i>Deaths from Certain Causes :</i>								
Cancer (all ages)				1,194				
Measles (all ages)				1				
Whooping Cough (all ages)				19				
Diarrhoea (under 2 years of age)				50				

MILK PRODUCTION.

The results of sampling of milk produced under licence of the County Council as the Authority under the Milk (Special Designations) Regulations, 1936-1938, is shown in the following table:—

Grade	1945		1946	
	% Satisfactory	% Unsatisfactory	% Satisfactory	% Unsatisfactory
Tuberculin tested ..	75	25	73	27
Accredited	71	29	76	24

These results do not show any substantial improvement on the figures of recent years. In fact, the tuberculin-tested results are rather worse than in 1945 and the accredited milks slightly better. It is a sad reflection that 25% of samples of the highest quality milk produced in this County are unsatisfactory.

Regular sampling was carried out and the Committee, as in previous years, decided that three bad samples meant the revocation of the licence. The producer can appeal against this decision to the Welsh Board of Health but in most instances the appeal is not upheld. However, it is not long before an application is made to renew a licence, and in a matter of months this is usually granted after satisfactory samples are given. One licence was revoked during the year. As described in last year's report, the most common causes leading to bad samples are (1) failure to use steam sterilisation apparatus, (2) shortage of labour, and (3) lack of responsible supervision of milking technique.

The Government scheme for specifying areas in which only certain grades of milk can be retailed has not been implemented. These grades will be tuberculin-tested, accredited milk from a single herd and pasteurised or sterilised milk. As a preliminary subsidies have been given to operators of heat treatment plants, which must be covered by a licence issued by the Ministry of Food and samples must be taken by Food and Drug Authorities to supervise the results.

Two years ago the Committee approved a scheme for the sampling of milk which provided for the taking of samples by the District Councils for biological testing at the Cardiff and County Laboratory. During 1946, 539 such samples of milk were tested for tubercle, and of these nine or 1.7% were found to contain tubercle bacilli as compared with 3.9% of the samples examined last year.

This is pleasing and one hopes that it indicates the possibility of better results in the future.

When a positive result is obtained, the Divisional Veterinary Surgeon of the Ministry of Agriculture is contacted and he makes a clinical inspection of the herd from which the sample was obtained. If any animal is found to be clinically tuberculous it is slaughtered immediately, but if not further test-samples are taken until the culprit is detected and dealt with. Although biological testing is slow in giving the results, it is well worth the effort put into it and is the means of preventing at the earliest possible moment tuberculous milk getting to the community.

CARDIFF AND COUNTY PUBLIC HEALTH LABORATORY.

The plans of the Government appear to indicate that public health laboratories will, in the main, become part of the national net-work of public health laboratories maintained by the Ministry of Health and controlled by agents, namely, the Medical Research Council in the early years of the National Health Service Act, at least. For those areas which have never organised such a laboratory and perhaps could not afford to do so, this new service will be a boon, but one regrets that the County may lose its bacteriological work in the near future. One can but hope that the present Laboratory Committee will still have a part to play in the new development as the bacteriological work is an integral part of any preventive and epidemiological service.

During 1946 the number of samples handled by the Laboratory increased by over 3,000, despite staffing difficulties, but which were not, however, quite so acute as during the previous years. The increase was largely due to a greater number of samples submitted for examination under the Venereal Diseases Regulations.

During the year Mr. J. H. Sugden, who had been the Chief Chemist and Public Analyst for the County, retired after 46 years of service. He has been a faithful, hardworking servant of the Committee and deserves his retirement. He was succeeded by Mr. Dan Evans Jones, M.Sc., F.I.C., who had been Mr. Sugden's deputy for very many years.

The following table gives an account of the work done at the Laboratory during the year 1946 for the Administrative County :—

Description of Specimens or Samples.	Total No. examined	Result		Percentage of Positive Results
		Positive	Negative	
<i>Bacteriological Examinations :—</i>				
Water Supplies	978	—	—	—
Milks for Tubercle Bacilli	539	9	530	1.7
Milks for General Examination	2,281	—	—	—
Milk for Enteric, etc.	12	—	—	—
Water for Enteric, etc... .. .	11	—	—	—
Sputa for Tubercle Bacilli	68	11	57	16.2
Urine for Tubercle Bacilli	36	—	—	—
Faeces for Tubercle Bacilli	2	—	—	—
C.S.F. ? T.B.	5	5	—	100.0
Pus and Pleural Fluid ? T.B.	57	—	—	—
Diphtheria	6,329	865	5,464	13.6
Haemolytic Streptococci	1,612	—	—	—
Ringworm	91	43	48	47.3
Sera for Enteric... .. .	207	73	134	35.3
Faeces for Enteric	485	89	396	18.4
Urine for Enteric	254	19	235	7.5
Faeces for Dysentery	369	44	325	11.9
Faeces for Food Poisoning	1	—	—	—
Brucella Abortus	2	—	—	—
Food for Enteric	13	—	—	—
For Wassermann Reaction	5,738	668	5,070	11.6
For Gonococcal Complement Fixation	1,422	126	1,296	8.9
For Gonococci	1,382	467	915	33.8
Ophthalmia	25	—	—	—
For Spirochaeta Pallida	39	22	17	56.4
Cerebro Spinal Fluid	99	—	—	—
Meningococci	8	8	—	100.0
Rodents for Plague	71	—	—	—
Other Examinations	374	—	—	—
<i>Chemical Examinations :—</i>				
Fertilizers and Feeding Stuffs	80	—	—	—
Food and Drugs Acts Samples	1,717	—	—	—
Water Supplies	247	—	—	—
River Waters	36	—	—	—
Sewage and Sewage Effluents	295	—	—	—
Trade Effluents	8	—	—	—
Milk and Milk Products	782	—	—	—
Urine Analyses	272	—	—	—
Other Examinations	5	—	—	—
Total	25,952	—	—	—

FOOD AND DRUGS ACT, 1938.

The work entailed under the above Act is heavy, both from the effort in taking samples and from the detailed chemical examinations required. Added to this is the time taken up in Courts of Law when prosecutions are undertaken. However, the quality of the food sold to the community is of primary importance and the public must not only be safeguarded from the health point of view but also against fraudulent misrepresentation. During the year 981 samples, taken from the County area for which the Council is responsible as a Food and Drugs Authority, were examined, and of these 66 or 6·7% were found to be unsatisfactory. Of this number, 609 were formal milk samples, of which 41 or 6·7% were not of the required standard. It is regrettable to note that this is an increase on the 1945 percentage of 5·3.

The following table represents in detail the work carried out by the Public Analyst and indicates the variety of samples taken and examined :—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Milk	609	—	609	41	—	41
Alcoholic Beverage	—	1	1	—	1	1
Almond Substitute	1	—	1	—	—	—
Aspro Tablets	1	—	1	—	—	—
Baking Powder	18	—	18	—	—	—
Barley Flake	4	—	4	—	—	—
Beer	2	—	2	—	—	—
Bic-Carbonate of Soda	3	1	4	—	—	—
Black Pudding	1	—	1	—	—	—
Bun Flour	9	—	9	1	—	1
Butter	44	—	44	—	—	—
Cake Decorations	1	—	1	—	—	—
Cake Mixture	9	—	9	—	—	—
Castor Oil	1	—	1	—	—	—
Cereals	3	—	3	—	—	—
Cheese	12	—	12	—	—	—
Cherum (Cocktail)	3	—	3	—	—	—
Chocolate Spread	2	—	2	—	—	—
Chutney	1	—	1	—	—	—
Cocoa	8	—	8	—	—	—
Coffee	6	—	6	—	—	—
Coffee and Chicory Essence	1	—	1	—	—	—
Cooking Fat	13	—	13	—	—	—
Cordial	1	2	3	—	—	—
Curry Powder	1	—	1	—	—	—
Custard Powder	1	—	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Dried Egg	1	—	1	—	—	—
Dried Peas	2	—	2	—	—	—
Dried Skimmed Milk	2	—	2	—	—	—
Egg Substitute	1	—	1	1	—	1
Epsom Salts.. ..	6	—	6	—	—	—
Figs	1	—	1	—	—	—
Fish Paste	—	1	1	—	—	—
Flavoured Beverage	1	—	1	—	—	—
Flour	1	—	1	—	—	—
Forcemeat	1	—	1	—	—	—
Friset	1	—	1	—	—	—
Glauber's Salts	1	—	1	1	—	1
Golden Rising Powder	7	—	7	—	—	—
Ground Cinnamon	1	—	1	—	—	—
Ground Ginger	1	—	1	—	—	—
Ground Nutmeg	1	—	1	—	—	—
Health Salts	3	—	3	1	—	1
Herbs	1	—	1	—	—	—
Ice-Cream	2	—	2	—	—	—
Jam	4	—	4	—	—	—
Koray Tablets	1	—	1	—	—	—
Kako Flour	1	—	1	—	—	—
Lard	20	—	20	—	—	—
Lemonade Crystals	—	1	1	—	—	—
Macaroni	1	—	1	—	—	—
Margarine	45	—	45	1	—	1
Mixed Spice	1	—	1	—	—	—
Mustard	1	—	1	—	—	—
Non-Alcoholic Beverage	—	2	2	—	—	—
Oatmeal and Breakfast Oats	2	—	2	—	—	—
Oxo	1	—	1	—	—	—
Pancake Mixture	1	—	1	1	—	1
Patent Barley	1	—	1	—	—	—
Pearl Barley.. ..	5	—	5	3	—	3
Pepper	2	—	2	—	—	—
Pickled Shredded Cabbage	2	—	2	—	—	—
Prunes	1	—	1	—	—	—
Pudding Mixture	21	—	21	5	—	5
Raisins	1	—	1	—	—	—
Raspings	1	—	1	—	—	—
Sage and Onion Stuffing	1	—	1	—	—	—
Salad Cream.. ..	1	—	1	—	—	—
Sauce.. ..	3	—	3	1	—	1
Sausage	2	—	2	—	—	—
Sausage Meat	1	—	1	—	—	—
Savoury Food	1	—	1	1	—	1
Scone Mixture	3	—	3	1	—	1
Self-Raising Flour	2	—	2	—	—	—
Semolina	8	—	8	—	—	—
Shredded Suet	4	—	4	—	—	—
Soup	6	—	6	—	—	—
Sponge Mixture	11	—	11	—	—	—
Sultanas	4	—	4	2	—	2
Sweet Pudding	1	—	1	—	—	—
Tea	3	—	3	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Tinned Salmon	1	—	1	—	—	—
Vinegar	12	1	13	1	—	1
Vita Gravy	1	—	1	—	—	—
Water	—	1	1	—	—	—
Whiskey	—	4	4	—	4	4
Zinc Ointment	1	—	1	—	—	—
Total	967	14	981	61	5	66

HOSPITALS.

The year 1946 has been a year of general advance in the hospital policy of the Council. There has been a search for improvement in the hospital service, particularly in relation to those matters in which the provision of new buildings was not an absolute essential. Beginnings were made in certain aspects of hospital requirements which undoubtedly will be developed further by the Regional Hospital Board. It has been a year which has added several milestones on the road of hospital progress.

Ward Orderlies. The shortage of nurses has been acute. During the war we had waiting lists for nursing positions and recruitment into the profession was fairly good. Then, when direction into the Service and other important national vocations did not appear to have the same call, the waiting lists disappeared and few applicants came forward. Great difficulties were experienced and but for the fact that the County Hospitals were training schools for nurses it might have become impossible to maintain the number of beds in each hospital. In the face of these difficulties, a Ward Orderly scheme was introduced, first in Mid-Glamorgan County Hospital. These orderlies were used for attending to the patients' non-nursing requirements and were intermediary between the nursing staff and the domestic staff. The nurses could now give practically all their time to nursing and in this manner nurses were conserved. Two ward orderlies were allocated for each ward sister. This scheme, started as a temporary measure, will continue; it has justified itself and is part answer to a difficult problem.

Dietitian. During the year a County Dietitian was appointed on the staff of the County Medical Officer to be used in the County school meals service, County Social Welfare institutions, and County hospitals. For the first time we had a person who could visit a hospital and give a report on the diets in hospital, analysed and calculated so as to indicate exactly what was being supplied. The obvious step now is to supply dietitians for special diets in each hospital, and this actually has been done, or at least the process has commenced.

Asthma Clinics. During the year Asthma Clinics have been started in each of the County hospitals. The clinics are held weekly and have proved most satisfactory as physiotherapy, X-ray plant, etc., necessary for this work are all readily available to the specialist conducting these clinics. It was anticipated that there would be a great demand on these clinics and this has proved to be the case. All the clinics are working excellently.

Full-time Medical Appointments. It was recognised that certain branches of medicine were not being adequately recognised in our hospitals in the sense that there was not sufficient influence being displayed for those branches to make a proper balance between the various aspects of hospital work. To put this matter right it seemed essential as a beginning to appoint full-time consultants who could assist in making this correction in balance of the hospitals. It was decided that in the first instance a full-time County Physician and a County Pathologist should be appointed, and in that order. Towards the end of the year the full-time Visiting Physician was appointed to start on 1st January, 1947. Early in 1947 a full-time County Pathologist will be appointed. The Ministry of Health scheme to appoint full-time specialist medical officers presents a further opportunity to strengthen the consultant staff; the financial responsibility is entirely that of the Ministry and next year the appointments will be made.

Rehabilitation. The erection of the new rehabilitation centres at the Mid-Glamorgan and West Glamorgan County Hospitals was commenced and these buildings will be ready by next year. They will make very useful and substantial additions to these hospitals.

General. The admissions to the three County hospitals were the highest that can be traced, being over 2,000 more than in 1945 and over a thousand more than the year in which the peak period of the "D" Day operations occurred. The fact that 14,513 persons were admitted is indicative of the pressure on these hospitals and also of the untiring efforts made to meet the demands. The need for more hospital beds is overwhelming; waiting-lists of patients are growing and many persons are kept waiting longer than is advantageous for them.

Many mothers have to be told that they cannot be booked at our maternity units. Some of these mothers suffer no hardship in this as sometimes their personal or domestic convenience is the factor which prompts the application, but it does mean that possibly sometimes the wrong cases are given the accommodation despite careful selection of cases for admission. It is most interesting to consider how hospitals now have a different significance to the community than formerly. Fear, whilst not removed entirely, seems to play such a small part and patients in the quest for health turn to the modern hospital in the confidential mood of those who are assured. The technique of handling patients seems to have played its part in this growing confidence. For instance, how pleasant it is to speak to patients who have received surgical treatment and who have no recollection of the operating theatre, no lingering memory of taking an anaesthetic, and all this because within seconds in their ward bed they were gently rendered unconscious of all that was to follow. (There are smiling faces in hospitals.) 2,837 cases were admitted to the three hospital maternity units, a record which has been approached only in 1944. We must not forget that the maternity unit in Central Homes, Pontypridd, deals with over 300 admissions per annum and this in addition to the three County hospitals.

West Glamorgan County Hospital. The admissions during the year amounted to 6,534. This was a wonderful achievement which was made possible by the continuation of the Crythan Park School Annexe. The maternity admissions reached the record figure of 1,471, which put tremendous pressure on all the staff. The Part I training of midwives was continued successfully. Gas and air analgesia is used in the hospital with great success. The out-patient department is proving of great value to the community and all the specialities are catered for. During the year another record was attained, namely, 23,393 attendances at the out-patient department. The small pathological department has been of great value and rendered good service to the hospital. The new midwifery block was uncompleted at the end of the year but progress was then definitely being made and undoubtedly this new unit will be opened in 1947. It is carefully designed, with every modern arrangement, and will help to relieve the acute pressure on the accommodation now available.

Mid-Glamorgan Hospital. The admissions, 4,104, are, as far as one can trace, a record admission figure for this hospital. The maternity unit admitted 866 cases and administrative action had to be taken as the limited midwifery staff were beginning to show signs of being unable to stand the burden being placed upon them. The admissions were curtailed on the user basis for the previous quarter until more staff became available. Fortunately this did not have to be done for long, as midwives passing out from the Council's training school were posted to the unit. The out-patient attendances struck its highest limit at 14,487 attendances, despite the fact that there is no adequate out-patients department at the hospital. The Emergency Medical Services were withdrawn during the year, releasing more medical beds for the community. When the opportunity arose the first appointment of a radiographer was made at this hospital in the place of the former X-ray sister type of appointment. This was a natural variation as obviously every nurse should use her qualification in nursing, and a person trained in radiography should be utilised with obvious advantage on the radiographic side.

Llwynypia Hospital. The admissions totalled 3,875, which exceeded the 1945 figure by over 1,000. The hospital accomplished this work under great difficulty and acute work should cease as soon as it is feasible to make other arrangements. The accommodation is unsuitable, particularly the nurses' quarters. The teaching school accommodation is such that it is certain on the next inspection by the General Nursing Council's Inspector approval of the hospital as a training school will be withdrawn. Miss E. Colley was appointed Matron when Miss E. Isaac became Matron of the East Glamorgan County Hospital.

The out-patient department was taxed to its utmost and over 13,000 attendances were made. This department has enabled the greatest use to be made of the limited in-patient accommodation, and again this year the above figure marks a record.

Glyncornel, an adapted mansion near Llwynypia Hospital, was converted to a maternity annexe and opened to receive patients. There is accommodation for 36 mothers but owing to shortage of staff only 18 beds have been utilised. It is a fine unit, one of the best possible obtainable by the adaptation of a house, and is something to be really proud of. Its function is for normal or near-normal confinements backed by the hospital unit if this becomes necessary. Llwynypia has had a hard year under conditions which should be relieved as soon as possible.

East Glamorgan County Hospital. During the year this hospital was restored to the control of the Council. Three alternatives were considered and the decision taken to open the hospital as far as availability of equipment and staff would allow, and thus fulfil a project which has had the interest of the Committee for many years.

Miscellaneous. Nursing shortage has been one of the outstanding hospital problems and everything has been done to meet the position. All the hospitals were short of the establishment of student nurses and staff nurses, but in spite of this they have carried a heavy load and one admires all those who have helped to shoulder the burden.

The nurses at Mid-Glamorgan Hospital found the energy, in spite of shortages of staff, to raise £766 for the British Empire Nurses War Memorial Fund, and in so doing headed the list for any hospital in the Empire.

The need of building is urgent if progress is to be maintained in the future as all present accommodation is utilised fully. It may be years before there can be any substantial addition to County hospitals, hence the need for the careful consideration of the full use of present buildings—first things must come first and important aspects of hospital organisation must for some time give way to even more important needs until at length all can be satisfied.

The following tables show (a) the accommodation and record of cases treated at the County hospitals and institutions during the year 1946; (b) a record of admissions to maternity departments since 1930; and (c) a summary of the returns submitted by the Medical Superintendents of the County hospitals in respect of the year 1946:—

(a) ACCOMMODATION AND RECORD OF CASES TREATED DURING THE YEAR 1946.

Institution.	No. of Beds (Normal).	No. of Patients admitted (including infants born in hospital).	No. of discharged (including infants born in hospital).	No. of Patients in Institu- tion on 31st December, 1946.	Total No. of Deaths.	No. of Surgical Opera- tions per- formed.	MATERNITY CASES.					
							Beds available.	Cases admitted.	No. of Live Births.	No. of Still Births.	No. of Maternal Deaths.	No. of Infant Deaths (under 1 year).
Mid-Glamorgan County Hospital	341	4,104	3,838	223	207	1,188	42	866	836	45	4	5
Llwynypia Hospital ..	214	3,875	3,717	159	128	2,124	22	500	515	45	6	26
West Glamorgan County Hospital	342	6,534	6,241	276	298	3,802	50	1,471	1,080	42	4	42
Central Homes, Ponty- pridd	191	1,685	1,352	273	344	—	10	306	314	10	—	40
Penmaen Institution ..	23	172	150	30	14	—	—	—	—	—	—	—
Pontardawe Institution	44	158	133	46	30	—	1	11	7	—	—	—
Totals	1,155	16,528	15,431	1,007	1,021	7,114	125	3,154	2,752	142	14	113

(b) RECORD OF ADMISSIONS TO MATERNITY DEPARTMENTS OF COUNTY HOSPITALS AND INSTITUTIONS.

Institution.	Number of Cases admitted to Maternity Wards.														Total No. of Cases admitted.			
	1930*	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943		1944	1945	1946
Mid-Glamorgan County	26	54	79	136	185	277	304	287	279	339	364	565	703	818	833	773	866	6,888
Llwynypia ..	71	107	177	228	282	317	265	312	418	509	516	521	549	494	587	510	500	6,363
West Glamorgan County	39	61	40	66	119	187	352	432	536	583	731	862	1,069	1,056	1,219	1,263	1,471	10,086
Pontardawe ..	3	6	3	5	3	6	6	2	5	2	4	4	5	10	8	9	11	92
Pontypridd ..	26	33	36	39	65	38	22	24	33	54	75	153	170	271	321	304	306	1,970
Totals ..	165	261	335	474	654	825	949	1,057	1,271	1,487	1,690	2,105	2,496	2,649	2,968	2,859	3,154	25,399

* From 1st April, 1930.

(c) SUMMARY OF MEDICAL SUPERINTENDENTS' RETURNS, 1946.

	West Glamorgan County Hospital.	Llwynypia Hospital.	Mid-Glamorgan County Hospital.
(1) <i>Accommodation and beds occupied on 31st December, 1946 :—</i>			
(i) Beds (excluding E.M.S.)	342	214	341
(ii) E.M.S. beds	—	40	—
(iii) Beds occupied (excluding E.M.S.)	259	159	287
(iv) E.M.S. beds occupied	—	—	—
(v) Service cases in hospital on 31st December, 1946 ..	3	—	1
(2) <i>Statistics, 1946.</i>			
(i) Admissions (including infants born in hospital)	6,534	3,875	4,104
(ii) No. of Service cases included in 2 (i)	86	2	56
(iii) No. of deaths	298	128	207
(iv) No. of discharges (including infants born in hospital) ..	6,241	3,717	3,838
(v) Duration of stay in hospital of patients shown in 2 (iii) and (iv)—			
(a) Under four weeks	5,556	3,307	3,512
(b) Four weeks and under thirteen weeks	837	470	256
(c) Thirteen weeks or more	146	52	70
(vi) No. of chronic sick cases in hospital on 31st December, 1946	39	—	91
(3) <i>Staff.</i>			
(i) No. of Resident Medical Staff	6	4	4
(ii) No. of Visiting Staff—			
(a) Visiting at regular intervals	12	5	2
(b) When services required	—	—	8
(iii) Number of—			
(a) Trained nurses	42	34	34
(b) Probationer nurses	74	80	47
(c) Assistant nurses	—	11	14
(d) Male nurses	1	3	—
(e) Male attendants	3	—	—
(4) <i>Main Categories of Work.</i>			
General Medicine	All Categories.	All Categories except Pathology.	All Categories except Pathology.
General Surgery			
Orthopaedic			
Gynaecological			
Dental			
X-rays			
Massage			
Ear, Nose, and Throat			
Maternity			
Diseases of Skin			
Ophthalmic			
Children			
Urology			
Pathology			

	West Glamorgan County Hospital.	Llwynypia Hospital.	Mid-Glamorgan County Hospital.
(5) <i>No. of Surgical Operations.</i>			
By—			
(i) Resident Staff :			
Major	1,111	605	400
Minor	1,972	1,374	515
(ii) Consultant Staff :			
Major	385	135	273
Minor	334	10	—
No. of abdominal sections included in— (i)	462	464	194
(ii)	61	—	106
(6) <i>Malignant Disease.</i>			
No. of cases treated	143	79	57
(7) <i>Maternity Department.</i>			
(i) No. of maternity beds (included in (1) (i))	50	22	42
(ii) Cases admitted during 1946—			
(a) Normal	1,141	292	763
(b) Complicated	330	283	203
(iii) Cases delivered by—			
(a) Doctors	89	88	82
(b) Midwives	1,016	412	787
(iv) Live births	1,080	515	836
(v) Stillbirths	42	45	45
(vi) Maternal deaths	4	6	4
(vii) Cases of Puerperal pyrexia	—	—	—
(viii) Infant deaths (under one year)	42	26	5
<i>Ante-natal Clinic.</i>			
(i) No. of expectant mothers seen	1,030	795	980
(ii) Attendances	9,353	1,167	1,480
(8) <i>Out-patient Department.</i>			
(i) No. of persons seen	6,112	6,474	7,149
(ii) No. of attendances	23,393	13,895	14,487

HOUSING.

District.	By Local Authority.				By private enterprise, Building Societies etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1946.	Number partly completed during the year 1946.	Number for which plans were passed but not commenced during the year 1946.
	Completed and occupied during the year 1946.	Partly completed during the year 1946.	Sanctioned but not commenced	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare	14	60	120	*759	—	3	1
Barry Borough	*150	72	78	*1,331	24	23	38
Bridgend	*50	50	*274	*191	23	*8	26
Caerphilly	*82	*104	*320	*778	—	3	9
Cowbridge Borough	—	—	36	12	*2	—	2
Gelligaer	100	42	208	568	1	—	6
Glyncorrwg	—	—	—	282	—	—	—
Llwchwr	—	68	*114	756	—	—	19
Maesteg	50	110	12	230	—	1	—
Mountain Ash	—	104	—	241	—	2	—
Neath Borough	100	140	22	*923	—	—	4
Ogmore and Garw	*49	61	20	*259	—	—	—
Penarth	*56	54	20	*163	—	7	41
Pontypridd	—	178	60	606	—	8	1
Porthcawl	—	72	50	—	14	6	30
Port Talbot Borough	16	112	*160	1,189	—	8	—
Rhondda	*131	*276	*95	*416	6	9	3
Cardiff Rural	—	50	92	333	62	22	109
Cowbridge Rural	—	76	148	587	3	10	—
Gower	—	—	60	70	11	29	25
Llantrisant & Llantwit Fardre	*58	*288	40	*912	16	12	4
Neath Rural	50	32	100	850	—	3	6
Penybont	83	100	70	869	8	20	14
Pontardawe	29	48	112	1,049	6	7	10
TOTALS	1,018	2,097	2,211	13,274	176	181	348

* Including flats and temporary dwellings.

The urgent need of more and more good new houses is probably one of the greatest, if not the greatest public health problem in the County, as it is in the country. It must be remembered that the problem is one of no mean order as it includes the replacement of old dilapidated houses, houses deteriorated by the neglect of war years, as well as for the new families seeking a home, many now living in overcrowded conditions, and also the new houses which, in the new industries which have been set up in certain areas, must be built to meet the need of the new labour force required. The need of housing the people at the highest level requires no emphasis ; it touches health, happiness, morality, and family life generally. The housing conditions under which some people live are truly appalling and call for all the effort, national and local, which can be mobilised to abate them.

Most of the housing authorities have done all that is possible to meet the need in spite of "labour and materials" problems. Some areas have difficulties in finding reasonable sites.

The figures given in the above table give room for a sense of hopefulness. In 1945 no houses were completed and occupied in the administrative County ; in 1946, 1,018 houses were completed, 2,097 were being built and 2,211 had been sanctioned by the Ministry. In addition, private enterprise had completed 176 and were building 181. It is to be hoped that nothing will interfere with the housing programme and that it will in fact grow from strength to strength.

The Joint County Rural Housing Committee has continued its work during the year. In its early meetings it carefully laid down suggested standards of housing which were almost identical to those published later by the Advisory Housing Committee to the Minister of Health. Certain details of procedure were agreed in relation to the housing survey to be carried out prior to its being launched by all the rural authorities.

Several meetings have been held and progress reports have been asked for from time to time. The survey is proceeding excellently in some areas but not so well in others. Adequate help for the sanitary inspectors must be provided if time-tables are to be adhered to, and all housing authorities have not grasped this. Also several meetings have been held to discuss various rural housing problems, such as housing management, etc. The meetings have been well attended and it appears that a body such as this can perform useful advisory functions.

I might be forgiven for repeating what I said in last year's annual report: "A house is more than a building: it is the environment in which human beings spend a substantial portion of their lives; it is the nest of the family, and a good house is the focal point of family activity; it can assist to build up a moral character or an immoral character, and it is an intimate part of most persons' lives. No country can afford to neglect good housing from its various angles."

TREATMENT OF VENEREAL DISEASES.

The same facilities for the treatment of venereal diseases were maintained during the year. Clinics controlled by the Council were held at Pontypridd, Barry, and Port Talbot. In addition, the County Council has arrangements with the Cardiff Royal Infirmary and the Swansea General and Eye Hospital to serve the extreme ends of the administrative County.

There has been a marked increase of new syphilis cases, giving a percentage increase of about 90. New cases of gonorrhoea increased by approximately 53%. A large portion of these increases were service cases, the number of which rose steadily until the third quarter of the year and then dropped off substantially.

<i>Year.</i>	<i>New Cases attending County Clinics during recent years.</i>	
	<i>Syphilis.</i>	<i>Gonorrhoea.</i>
1943	206	363
1944	209	412
1945	186	469
1946	355	722

Accurate and fully informative statistics are difficult to obtain in relation to these diseases as all cases do not attend the clinics of local authorities. Paying regard to our clinic figures, syphilis increased from 174 in 1938 (the pre-war year) to 355 in 1946, and gonorrhoea from 535 to 722. This gives 1946 increases in syphilis and gonorrhoea over 1938 of 100% and 34% respectively. It is impossible to give too detailed an opinion on these figures. For example, in 1945 the figures for syphilis and gonorrhoea approximated fairly closely to the 1938 figures, and throughout the war no phenomenal increases were noted, and yet in 1946 there was a marked increase, many being persons transferred from other parts of the country at the end of the war.

The number of persons attending the Council clinics who were found not to be suffering from venereal diseases again increased. The table below gives the returns during the recent years :—

1942	..	270
1943	..	567
1944	..	617
1945	..	715
1946	..	857

From the view of promiscuity one cannot welcome this but from the point of view of prevention of the diseases and their early treatment it is a very welcome sign indeed. It means that early treatment can be given if a positive diagnosis is made. It represents an awareness of the local and national propaganda which plays an important feature in the fight against these diseases, and one hopes that skill will be displayed so as not to render the community amblyopic to such propaganda by repetition to the point of exhaustion.

The treatment of both syphilis and gonorrhoea has altered radically in the war years. The sulphonamide group of drugs and penicillin have been the cause of the change. Gonorrhoea, in the majority of patients, is now quickly and readily cured. The great danger is that such patients will be treated by medical men who will not carry out all the necessary examinations of cure or exclude double infections. What penicillin will do for the ultimate eradication of syphilis is not yet certain, and at the moment arsenical treatment is combined with it. It will take a few years to fully estimate the value of the new treatment as compared with the previous forms of treatment.

An additional benefit conferred on patients is that penicillin can be given in waxy preparations which permit a greater interval between the injections to the great relief of the patient.

The modern forms of treatment are given in the Council's clinics and arrangements are made for in-patient treatment in the County institutions when required, the patients being retained under the care of the venereal diseases consultants.

It may interest the Committee if extracts are given from reports made to me by your Venereal Diseases Officers :—

Dr. W. K. Bernfeld (Pontypridd).

"The total attendance made at this clinic was 7,381, an average of 5.1 per patient.

A comparison with the figures for 1945 shows a 100% increase of early syphilis cases and 35% of gonorrhoea.

The number of fresh syphilis cases is almost equally divided between the sexes but the figures for gonorrhoea differ by 100 (169 males, 69 females).

An investigation into the sources of infection of the 169 male gonorrhoea cases shows that only 46 alleged contacts could be named ; 39 were seen and treated, 3 attended other clinics, and 4 not traced.

Over 2,800 serum tests (WR's and GCF), 872 microscopical tests for gonorrhoea, 16 for syphilis, were carried out at the County Laboratory. All films for gonorrhoea were taken in duplicate and examined in the clinic and one sent to the County Laboratory. Over 400 letters and reports were written. 132 patients were seen at the Central Homes and 49 treated as in-patients.

Visits to defaulters showed the following results :—

		Males.	Females.
No. visited	.. .. .	44	83
No. visited repeatedly	.. .. .	3	21
No. moved from original address	.. .. .	7	24
No. resumed attendance	.. .. .	19	35

In addition, 7 of the 35 women persuaded their husbands to re-attend."

Dr. Philip Simon (Port Talbot and Barry).

" 1946 has seen quite a large increase in completely new cases, both in male and female figures, due in the case of males to the importation of venereal diseases (mainly gonorrhoea and non-specific urethritis) from overseas. The number of services patients has increased considerably on 1945.

Penicillin in oil-wax has been used in both clinics and, in my opinion, has revolutionised the treatment of gonorrhoea. As yet it is too early to say how penicillin reacts in cases of syphilis. Early syphilis reacts favourably, but the results in later cases are not so encouraging.

Male attendances have been quite good in both clinics and show a considerable increase on the figures for 1945, which seems to show that the Government propaganda had influenced many to attend for early treatment. It is particularly encouraging that many men, with or without a history of previous venereal disease, came for examination and a blood test to see if they are fit to be married. Female attendances have gone down, although the number of cases have gone up so that it is very doubtful if the preceding remarks about men apply also to women."

Regulation 33B. This regulation empowers the enforcing of attendance for examination and treatment if necessary of persons notified by at least two persons as the cause of their infection. Actually we act on one notification but only then in an advisory capacity, visits being paid to the suspects, who are advised to seek treatment.

This work is performed by our health visitors, the Committee preferring this, at least as a trial, and it is felt that this procedure should be continued, and it is hoped that under the new National Health Service arrangements such visits will still be made by health visitors.

As will be seen from the table below, fewer notifications were received than in 1945. It is not certain why there should be this reduction but it appears that the number of patients who are prepared to give information regarding the person by whom they suspect they were infected is decreasing. If this diminution of notifications continues the Regulation will cease to have value but one hopes the value it has had will once again become evident and that the Regulation be not too readily abandoned. It will be noted that a prosecution had to be taken under the Regulation, which was the second in the County since the Regulation came into being.

The results of the operation of this regulation in 1945 and 1946 were as follows:—

	1945.		1946.	
	Male.	Female.	Male.	Female.
(1) Total number in respect of whom Form 1 was received ..	4	53	3	28
(2) Number in (1) in which attempts were made outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1	1	40	3	26
(3) Number of those in (1) in respect of whom a second Form 1 were received	—	6	—	7
(4) Number in (3) who were—				
(a) Found	—	5	—	7
(b) Examined after persuasion	—	2	—	6
(c) Served with Form 2	—	2	—	—
(d) Examined after service with Form 2 ..	—	2	—	—
(e) Prosecuted	—	1	—	1

The comparative figures for new cases coming under clinic treatment are shown below :—

Year	Syphilis	Soft Chancre	Gonorrhoea	Cases other than Venereal	Total
1927	408	10	819	190	1,427
1928	425	11	893	173	1,502
1929	376	11	990	216	1,593
1930	410	4	1,038	262	1,714
1931	413	6	937	205	1,561
1932	361	7	736	197	1,301
1933	383	1	924	197	1,505
1934	384	5	889	210	1,488
1935	282	2	594	201	1,079
1936	202	1	668	174	1,045
1937	167	5	589	291	1,052
1938	174	7	535	276	992
1939	127	3	502	228	860
1940	106	6	397	193	702
1941	141	5	407	231	784
1942	189	11	421	270	891
1943	206	6	363	567	1,142
1944	209	9	412	617	1,247
1945	186	8	469	715	1,378
1946	355	19	722	857	1,953

Age Incidence of New Cases attending the Clinics.

The Committee have asked that the age incidence of new cases attending the clinics should be given in my quarterly reports. The figures for the year are given below :—

AGE INCIDENCE OF NEW CASES EXPRESSED IN PERCENTAGES.
(MALE AND FEMALE SEPARATELY.)

Age (years).	Males % (approx.)	Females % (approx.)
0—10	0·6	2·8
10—15	0·1	0·4
15—20	3·3	12·4
20—25	19·2	29·6
25—30	34·7	24·4
30—35	21·2	17·2
35—40	9·5	7·2
40—45	4·4	3·2
45—50	2·5	1·2
50+	4·5	1·6

In the following tables information relating to the examination and treatment of patients undertaken at the Clinics at Pontypridd, Port Talbot, and Barry is given.

PATIENTS TREATED AT CLINICS, 1946.

PONTYPRIDD.																
				Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
				M.	F.	Total	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	..	..	..	63	64	127	3	1	4	169	69	238	316	168	484	853
Patients discharged after completion of treatment				8	2	10	1	1	2	116	46	162	321	178	499	673
Patients who ceased to attend Clinic before completion of treatment	..	..		9	22	31	—	—	—	—	2	2	—	—	—	33
Total number of attendances of patients at the Clinic				2,092	1,767	3,859	10	10	20	1,175	387	1,562	770	351	1,121	6,562

PORT TALBOT.															

BARRY.																
				Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
				M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	..	..	..	16	15	31	—	—	—	77	11	88	10	15	25	144
Patients discharged after completion of treatment				2	2	4	—	—	—	12	2	14	8	14	22	40
Patients who ceased to attend Clinic before completion of treatment				15	15	30	—	—	—	16	5	21	—	—	—	51
Total number of attendances of patients at the Clinic...				375	375	750	—	—	—	357	103	460	90	21	111	1,321

The following tables give information relating to the examination and treatment of patients residing in the Administrative County of Glamorgan undertaken at the Cardiff Royal Infirmary and the Swansea General and Eye Hospital.

CARDIFF ROYAL INFIRMARY.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	41	27	68	3	—	3	66	18	84	193	32	225	380
Patients discharged after completion of treatment	1	4	5	1	—	1	24	18	42	189	32	221	269
Patients who ceased to attend Clinic before completion of treatment	22	9	31	2	—	2	35	9	44	—	—	—	77
Total number of attendances of patients at the Clinic ..	622	670	1,292	4	—	4	384	153	537	581	133	714	2,547
Aggregate number of " In-patient days "	—	—	—	—	—	—	—	—	—	—	—	—	—

SWANSEA GENERAL AND EYE HOSPITAL.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	36	26	62	2	—	2	80	17	97	57	15	72	233
Patients discharged after completion of treatment	1	2	3	—	—	—	37	8	45	58	18	76	124
Patients who ceased to attend Clinic before completion of treatment	14	9	23	1	—	1	35	4	39	—	—	—	63
Total number of attendances of patients at the Clinic ..	771	624	1,395	7	—	7	681	146	827	143	40	183	2,412
Aggregate number of " In-patient days "	112	99	211	—	—	—	17	—	17	—	—	—	228

MATERNITY AND CHILD WELFARE.

As the District Councils of the Administrative County were the Authorities under the Notification of Births Act, they became the maternity and child welfare authorities under the Maternity and Child Welfare Act, 1918.

Many of these authorities have been unable to provide all the services given by their bigger neighbours as they lack the financial resources. There is not, so far as is known, a residential nursery in the administrative County, either long or short-stay in character, controlled by a Maternity and Child Welfare Authority. A number of these authorities have accomplished a good deal but obviously there was need for greater uniformity or equal progress and also need for better co-ordination and integration of the maternity and child welfare service, school medical service, and domiciliary midwifery service. Under the National Health Service Act, 1946, an opportunity presents itself to attempt this integration. At present many clinic services are provided by the County Council and utilised by the maternity and child welfare services as the financial burden of these services would have been too great or uneconomic in their provision. This, too, is solvable under the new arrangements.

The distribution of food supplements—orange juice, cod-liver oil, and vitamin tablets—has slightly improved but the percentage take-up of these valuable products is still insufficient.

The care of the premature infant has not developed to its highest level. Some authorities have made some provision to assist in the domiciliary care of these infants. Institutional care is provided but not to the point of the provision of specifically run premature infant units. This may have been done if we had the accommodation and the staff pediatricians and nursing to give such important work the amount of attention it deserves.

During 1946 the maternity and child welfare authorities operated 134 infant welfare centres, 84 ante-natal clinics, and 41 post-natal clinics. This shows an increase over 1945 of 4 infant welfare centres, 8 ante-natal clinics, and 11 post-natal clinics.

COUNTY DOMICILIARY MIDWIFERY SERVICE.

The County Council is the local supervising Authority under the Midwives Acts, 1902 to 1936, for the administrative County, excluding the Rhondda and Aberdare Urban District areas.

The staff engaged in 1946 was a Superintendent Supervisor, three Assistant Supervisors, and 121 full-time Salaried Midwives. The total number of midwives who gave notice of intention to practice in the area of the administrative County was 191.

The number of midwives in an area is not merely determined by the number of births but by geography, and the conditions of service laid down by the Midwives Salaries Committee. As a result of these factors the number of confinements per midwife is much reduced but probably the work is of better quality and the shortage of midwives not greater than it actually is throughout the country.

The County midwives, acting as midwives or maternity nurses, attended 5,850 mothers during the year. It will be observed that out of a total of 13,799 births in the County the Council's institutional and domiciliary midwifery services were responsible for dealing with 9,004, i.e. 65 per cent of all births. The figures are approximate as multiple pregnancies are not taken into account. Thus it will be seen that the Council accepts a heavy responsibility to motherhood in its area, and a careful watch must be maintained by all concerned to ensure that this service is the best we can provide.

It is not easy to state accurately the number of confinements occurring in institutions and in the homes of the people, but as near as can be ascertained the position in 1946 can be said to be as follows:—

Domiciliary births	6,967
County hospitals and institutions	3,154
Other hospitals in administrative County	339
Nursing homes in administrative County	821
Nursing homes and institutions outside administrative County	2,518
Per cent of births in institutions, etc.	50%
Per cent of domiciliary births	50%

This approximation shows that about as many women are confined outside their own homes as in them and contrasts acutely with what happened even a few years ago. For example, the number of confinements in the year 1931 in County hospitals and institutions were 261 and in 1946 amounted to 3,154. This trend may not be the final position and there may be some swing back to having confinements at home, but this appears to be unlikely and a greater movement toward hospital confinements is probable.

The domiciliary service had a hard year, handling over 500 more patients than last year. Except for a few midwives acting as district nurses in rural areas the service in the County is a full-time salaried one. This lends itself to good supervision, control, and relative ease of relief work. The recruitment to the midwifery profession is dropping and one fears that soon great difficulties are going to arise. The midwives in the service are getting older and as a large number of them will reach retiring age about the same time a shortage will reveal itself with insufficient young midwives to fill the gaps. Because of the increased average age of the midwives and the particularly arduous nature of midwifery activities, the amount of illness and break-down amongst the midwives is high.

Transport of midwives is easier but the costs are mounting. This is due not only to increased hiring fees but as reliefs must be provided to fulfil the new conditions of service it is necessary for the reliefs who have to travel over wider areas than their own areas to be provided with transport. One thing is certain, and that is that it would be absurd to maintain a large midwifery staff at a high cost and not provide the transport when the vital moment arises. Hence a fairly liberal view has been taken in this matter although carefully controlled.

The satisfactory housing of domiciliary midwives is still not solved. When midwives retire on account of age they continue to live on in their homes and the incoming young midwife has to search for rooms. Often this search is in vain and the midwives are forced to live outside the area they serve. Sometimes they take, in desperation, most unsuitable rooms. Sometimes they are taken into rooms only to be asked to leave because it is found that a midwife living in a house can be a disturbing element there, due to early morning telephone calls, etc. In each strategic area there should be a midwife's house used as a service dwelling and an economic rent should be collected and not that now recommended. This would induce local supervising authorities to take a different view than they so often do and would be fair on both sides. This shortage of houses for midwives is going to have serious repercussions on the efficiency of the County Midwifery Service. It is difficult to understand that when houses are provided for police officers, key workers in industry, etc., no such provision is made for the one person whose proximity at the right time makes the difference between a calm and orderly commencement of confinement or an upsetting anxiety or worse.

During the year pressure was brought upon the Committee to utilise County midwives to accompany normal patients to hospital, but it was decided that to take midwives away from their areas for this purpose was not justified and, in fact, could lead to delay in the woman's arrival in hospital. Of course, when a midwife sends for a practitioner, who orders the patient to hospital, the midwife travels to the hospital with the patient.

Gas and Air Analgesia. The Committee had previously agreed in principle to providing this form of analgesia and a scheme was considered during the year, which provides for the provision of gas and air machines, and orders have been placed. The County midwives are undergoing training at West Glamorgan County Hospital, which has been approved by the Central Midwives Board for this purpose. The transport of the apparatus will, where necessary, be undertaken by hired transport. The scheme will be introduced piece-meal until the County is covered. No charge will be made for this service but it will be considered as part of the service provided under normal midwifery arrangements.

The Committee have also agreed to make further purchases of sphygmomanometers (blood-pressure reading apparatus) and during 1947 it is hoped to arrange training for all midwives in its use. This will assist midwives to call in practitioners at the earliest possible stage of toxæmias.

The Part II Training School for Midwives which is run in conjunction with the Part I training in West Glamorgan Hospital continued most successfully during the year. The school is housed in the Neath Nursing Association premises, with a full-time tutor in charge. The pupil midwives work in the homes of the people in Neath and the surrounding area. Neath Borough Council and the Neath Rural District Council permit the pupils to use their ante-natal clinics for tuition purposes.

Sending for Medical Aid. The midwives sent for medical aid on 2,633 occasions. In 1945 assistance was called for in 42% of cases and in 1946 in 37% of cases.

The reasons for sending for such help were as follows :—

(1) <i>Relating to Mother.</i>				(d) Placental abnormalities ..	95
(i) Ante-natal.				(e) Post partum haemorrhage ..	60
(a) Albuminuria	141			(f) Puerperal pyrexia	79
(b) Eclampsia	1			(g) Breast conditions	18
(c) Ante partum haemorrhage ..	99			(h) Miscellaneous	93
(d) Abortions	217			(2) <i>Relating to Infant.</i>	
(e) Miscellaneous	119			(a) Neo natal distress	2
(ii) Natal.				(b) Asphyxia	12
(a) Placenta praevia	6			(c) Malformations	42
(b) Prolonged and 2nd stage labour ..	432			(d) Eye conditions	96
(c) Abnormal presentation ..	239			(e) Prematurity	88
(d) Miscellaneous	50			(f) Skin conditions	32
(iii) Post Natal.				(g) Miscellaneous	135
(a) Post-natal convulsions ..	—				
(b) Albuminuria	1			Total	2,633
(c) Ruptured perineum ..	576				

There is no special comment to make about the reasons for sending for medical aid except that the figure for abortions increased over 1945, and the calling in of doctors to eye conditions of infants was substantially reduced from 151 occasions in 1945 to 96 in 1946.

Supervision of Midwives. The Supervising Officers have the duty placed upon them of seeing that all midwives conduct their practices according to the rules of the Central Midwives Board; that all proper records are kept and that all the advice and help required is given. Although these duties are mainly inspectorial the midwives soon recognise that much guidance and help can be brought to them by sensible supervisors. I am satisfied that this kind of relationship exists between the midwives and your Superintendent Supervisor and the Assistant Supervisors.

The following inspections were undertaken by your officers during the year :—

Number of inspections of County midwives	1,018
Number of inspections of independent midwives	79
Number of inspections of midwives of nursing associations	77
Total	1,174

The following table shows the operation of the County Domiciliary Midwifery Service for the year ended 31st December, 1946 :—

Cases attended.			Fees.		
As midwife.	As maternity Nurse.	Total.	Full fee paid to Midwife.	On investigation of family circumstances.	
				Whole or part fee charged.	No charge made.
5,259	*591	5,850	3,859 or 66%	781 or 13%	1,210 or 21%

* Includes 235 abortion cases.

SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Forty-three inspections were carried out during the year in relation to the ten nursing homes registered under Section 187 of the Public Health Act, 1936.

During the year two new nursing homes were registered.

This supervision is very necessary. Firstly, the pre-licence inspection ensures that a suitable building is utilised, with adequate rooms, theatre or labour rooms, adequate sanitary provision, and sufficient staff proposed to efficiently run the home. The post-licence visits ensure that the homes are properly maintained.

NURSES' ACTS, 1943 AND 1945.

This Act provides for :—

- (a) The enrolment of assistant nurses for the sick ;
- (b) The restriction of the title of nurse ; and
- (c) The regulation of agencies for the supply of nurses for the sick.

The main function falling on the County Council is in relation to the regulation of Nurses' Agencies. During the year the temporary conditions of licencing were replaced by more permanent ones and these were approved by the County Council.

One licence only was granted during the year to the one agency in the County.

BLIND PERSONS ACTS, 1920 AND 1938.

At the 31st March, 1947, there were registered in the administrative County 1,384 blind persons. Of this number approximately 77 per cent are over 50 years of age. The incidence of blindness continues to be heaviest in the later age groups, as is evidenced by the fact that 76 per cent of new cases registered in the year ended 31st March, 1947, became blind at 50 years of age or over.

During the year there have been added to the register eight cases in the age groups from 0—16 years as compared with one in the previous year. The increase in this number is probably due to the better ascertainment which has been possible in certain areas of the County.

Of the twenty-two cases on the register between the ages of 5 and 16, the education of eighteen is provided for at the Glamorgan Education Committee's School for the Blind.

The following table shows details of the ages of registered blind persons, the ages at which they became blind, together with similar details for cases registered during the year :—

REGISTRATION OF BLIND PERSONS—AGE PERIODS.

0-1.	1-5.	5-16.	16-21.	21-40.	40-50.	50-65.	65-70.	70+	Unknown.	Total.
1	1	22	28	133	133	362	156	546	2	1,384

AGES AT WHICH BLINDNESS OCCURRED—AGE PERIODS.

0-1.	1-5.	5-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70+	Unknown.	Total.
155	31	37	74	79	102	158	199	235	268	46	1,384

BLIND PERSONS REGISTERED AS NEW CASES—AGE PERIODS.

0-1.	1-5.	5-16.	16-21.	21-40.	40-50.	50-65.	65-70.	70+	Unknown.	Total.
1	1	6	1	11	3	21	10	60	—	114

NEW CASES (AGES AT WHICH BLINDNESS OCCURRED)—AGE PERIODS.

0-1.	1-5.	5-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70+	Unknown.	Total.
6	2	1	3	6	4	4	13	21	53	1	114

An analysis of the figures reveals that a high percentage of new cases registered is recruited from those persons whose sight has diminished by reason of age to such an extent as to make them blind within the meaning of the Blind Persons Acts.

Because of the age of the majority of the persons on the register, much of the work under these Acts deals with the provision of domiciliary assistance to the class known as "unemployable," and an average number of 950 blind persons and their dependants are assisted annually, the expenditure on such allowances amounting to £46,537 during the year 1946.

Under the provisions of the National Insurance Act, 1946, it seems probable that the duty of the local authority to provide financial assistance for the blind will end and that domiciliary assistance for blind persons will be administered by a central Government department as part of a policy of unification.

The immediate effect of the Act in the year under review is that the Minister of National Insurance has taken advantage of the powers conferred upon him to increase the rates of contributory and non-contributory pensions from a maximum of 10/- to 26/- per week with a consequent saving to the authority of approximately £22,000 per annum. The increased rates of pension have synchronised with the collection of increased contributions from insured workers.

The unemployable group receive periodic social and instructional visits from the Council's home visiting staff, the normal strength of which is one whole-time blind visitor and five school nurses, who devote four-elevenths of their time to the work. It is proposed shortly to increase the visiting staff and additional nurses are being trained for the Home Teacher's examination of the College of Teachers of the Blind.

Prevention of Blindness and Provision of Treatment. During the year there has been an increase in the amount of treatment carried out at the County Council hospitals, and this has been made possible by the return from war service of the Ophthalmic Surgeon, who undertakes such work at the Mid-Glamorgan and Llwynypia Hospitals.

Training and Employment. At present blind persons under 21 years of age are provided with craft training at the Authority's Institution for the Blind at Bridgend, the only school in Wales recognised by the Ministry of Education, where the pupils have the advantage of the cultural atmosphere of the school whilst undergoing their training. The financial responsibility for this training rests with the Education Committee.

As far as the training of adult workers in a sheltered occupation is concerned, the responsibility for this rests with the Ministry of Labour and National Service, but in the absence of adequate arrangements to carry out this responsibility direct the Ministry ask the Authority to arrange on their behalf for such training at the same rates for training and maintenance as were allowed by the Ministry of Education.

As from the 1st April, 1946, the responsibility for the employment of blind workers in a sheltered workshop has rested with the Minister of Labour, but here again in the absence of direct arrangements, such employment is still arranged at voluntary institutions by the Public Health Committee and the appropriate contributions laid down by the Minister of Health plus any additional authorised payments continue to be made.

Municipalisation of Workshops for the Blind. Consideration of this question has been deferred pending the receipt of the final proposals of the Minister of Labour as to the manner in which he proposes to carry out his duties under the Disabled Persons (Employment) Act, 1944, in relation to the employment of the blind in sheltered workshops.

STATISTICAL TABLES.

The following miscellaneous statistical tables are inserted for purposes of comparison :—

BIRTHS.

		1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Administrative County ..	..	15.4	15.3	15.4	15.6	16.3	16.7	18.2	18.4	19.4	18.1	19.4
England and Wales ..	..	14.8	14.9	15.1	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1
Illegitimate birth-rate per 1,000 births—												
Administrative County ..	..	—	—	32	30	29	35	34	44	49	67	43
England and Wales ..	..	—	—	42	42	43	53	54	63	72	92	65

DEATH RATE.

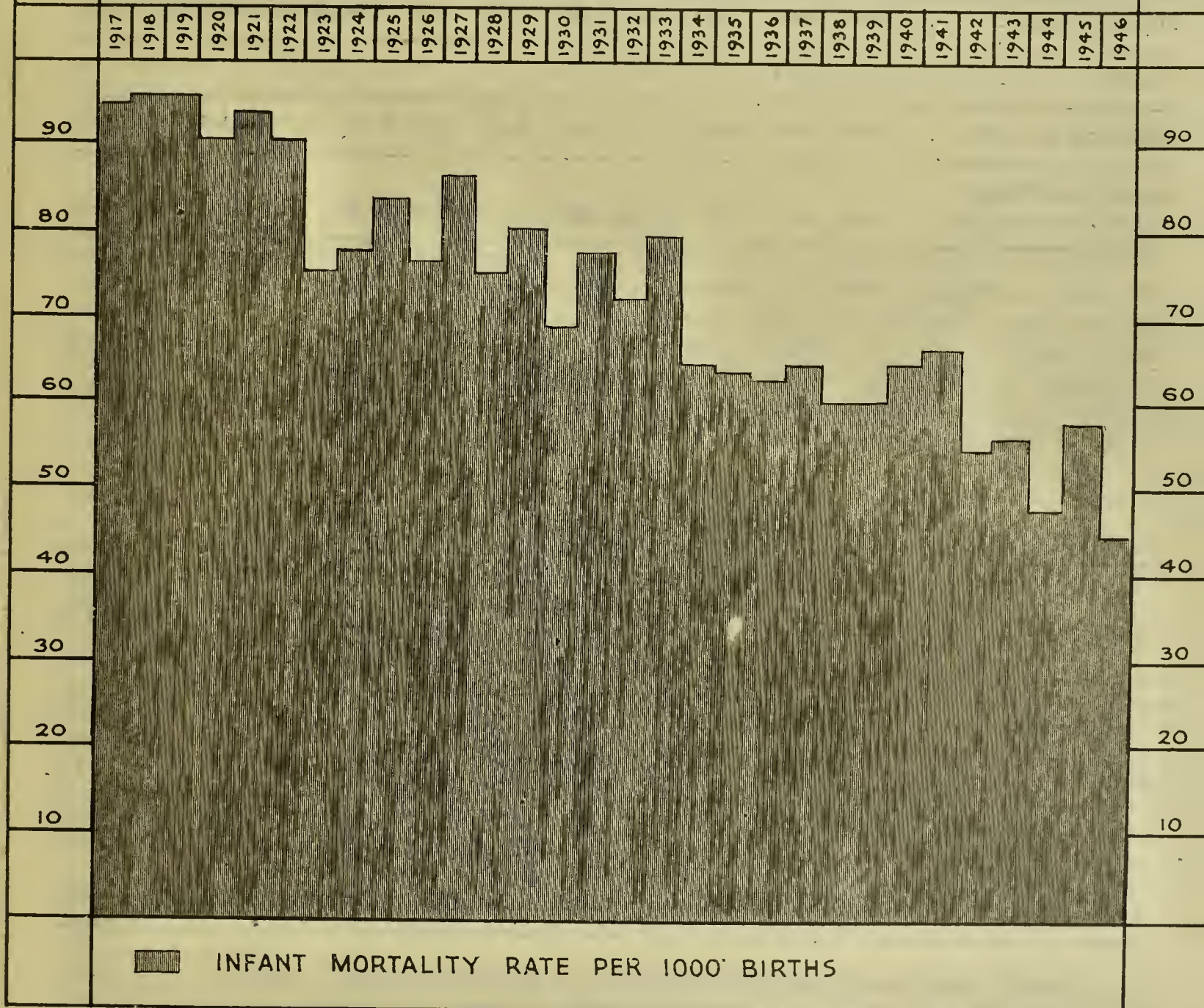
		1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Administrative County ..	..	12.2	12.9	12.6	13.1	13.4	12.9	12.1	12.4	12.3	12.9	12.1
England and Wales ..	..	12.1	12.4	11.6	12.1	14.3	13.2	11.6	12.1	11.6	11.4	11.5

INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1904.	176	146	1931.	77	66
1914.	112	105	1932.	72	65
1917.	94	96	1933.	79	64
1918.	95	97	1934.	65	59
1919.	95	89	1935.	64	57
1920.	90	80	1936.	63	59
1921.	93	83	1937.	65	58
1922.	90	77	1938.	60	53
1923.	75	69	1939.	60	50
1924.	77	75	1940.	65	55
1925.	83	75	1941.	67	59
1926.	76	70	1942.	55	49
1927.	86	69	1943.	56	49
1928.	75	65	1944.	48	46
1929.	80	74	1945.	58	46
1930.	69	60	1946.	45	43

The decline in infant mortality in the administrative County since 1917 is clearly indicated in the following graph :—

ADMINISTRATIVE COUNTY OF GLAMORGAN • INFANT MORTALITY •



SCARLET FEVER.

				1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Cases	..	..	..	1,841	2,219	3,859	3,629	1,948	1,693	1,282	1,530	1,855	1,972	1,571	1,473
Attack-rate per 1,000	..			2.47	3.03	5.40	5.12	2.74	2.36	1.73	2.14	2.66	2.80	2.25	2.07
Hospital Cases	..	..		1,358	1,387	1,697	2,182	1,406	999	830	1,160	1,440	1,356	1,100	1,082
Deaths	..	..	..	11	11	7	16	10	5	4	2	3	2	3	—
Death-rate per 1,000	..			0.01	0.01	0.01	0.02	0.01	0.01	0.01	0.003	0.004	0.003	0.004	0.00
England and Wales—															
Death-rate per 1,000				0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00

There was a slight reduction in the number of notified cases of scarlet fever, and the mildness of the type can be realised when it is seen that there was not a single death, whereas in 1935, with 1,841 cases, there were eleven deaths. It is difficult to appreciate the fact that within living memory scarlet fever was a devastating disease. We do not really know if the apparently innocuous disease of to-day is due to a lowering of virulence of the causal organism or a raising of the nation's resistance, or both. Because of this lack of knowledge we cannot foresee the future trend.

DIPHTHERIA (INCLUDING MEMBRANOUS CROUP).

				1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Cases	..	..	..	1,300	1,133	1,463	2,017	1,958	2,572	2,182	1,373	1,049	776	546	442
Attack-rate per 1,000	..			1.75	1.55	2.05	2.85	2.75	3.59	2.95	1.92	1.50	1.10	0.78	0.62
Hospital cases	..	..		1,078	919	1,074	1,659	1,716	2,436	1,938	1,309	1,013	779	618	528
Deaths	..	..	..	83	53	49	64	62	98	83	48	24	29	17	17
Death-rate per 1,000	..			0.11	0.07	0.07	0.09	0.09	0.14	0.11	0.07	0.03	0.04	0.02	0.02
England and Wales—															
Death-rate per 1,000				0.08	0.07	0.07	0.07	0.05	0.06	0.07	0.05	0.03	0.02	0.02	0.01

In 1946 it will be noted that the number of cases of diphtheria notified was the least ever recorded. The record of 546 cases in 1945 becomes replaced in 1946 by 442 cases. One hoped to see a further reduction in the mortality rate but this remained the same as in 1945.

The credit for this position must be given to the District Councils who at present are responsible for the immunisation of the children resident in their areas.

The position at the end of the year 1946 was as follows :—

Percentage who had received immunising injections—

(a) Under 5 years of age	..	60·6.
(b) Over 5 years of age	..	80·3.

Some District Councils have achieved much better results than these average figures and some, of course, fall below the average. In 16 out of 24 District Council areas there were no deaths from diphtheria.

The County Council assists the campaign by permitting the immunisation sessions to be held in the schools and by advising parents through school nurses, etc., to get their children immunised.

MEASLES.

		1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Deaths	.. ..	42	9	41	14	22	18	46	6	23	3	17	1
Death-rate per 1,000	..	0·06	0·01	0·06	0·02	0·03	0·03	0·06	0·01	0·03	0·004	0·02	0·001
England and Wales.—													
Death-rate per 1,000		0·03	0·07	0·02	0·04	0·01	0·02	0·03	0·01	0·02	0·01	0·02	0·00

The number of cases of measles dropped when the epidemic of last year cleared up. As a result the deaths, too, decreased from 17 to 1. Those cases of measles that did occur were rather mild and there were few complications.

WHOOPIING COUGH.

		1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Deaths	.. ..	29	55	29	26	27	13	46	15	20	24	14	19
Death-rate per 1,000	..	0·04	0·07	0·04	0·04	0·04	0·02	0·06	0·02	0·03	0·03	0·02	0·03
England and Wales.—													
Death-rate per 1,000		0·04	0·05	0·04	0·03	0·03	0·02	0·06	0·02	0·03	0·03	0·02	0·02

There was a slight increase in the deaths from whooping cough, not only in the County but in many other areas. Local authorities are trying out whooping cough vaccines but as yet no definite opinion as to the efficacy of these vaccines can be given.

ENTERIC FEVER (INCLUDING PARATYPHOID).

Year.	Administrative County of Glamorgan.				England and Wales.
	Cases.	Attack-rate per 1,000.	Deaths.	Death-rate per 1,000.	Death-rate per 1,000.
1899.	1,487	2.41	215	0.34	0.19
1904.	825	1.27	194	0.39	0.23
1914.	110	0.14	28	0.03	0.05
1927.	23	0.03	4	0.005	0.01
1928.	24	0.03	2	0.002	0.01
1929.	19	0.02	2	0.002	0.01
1930.	33	0.04	3	0.004	0.01
1931.	20	0.03	4	0.005	0.01
1932.	7	0.01	1	0.001	0.01
1933.	15	0.02	1	0.001	0.01
1934.	11	0.01	2	0.002	0.00
1935.	21	0.03	2	0.003	0.00
1936.	38	0.05	4	0.005	0.00
1937.	37	0.05	4	0.006	0.00
1938.	10	0.01	1	0.001	0.00
1939.	41	0.06	1	0.001	0.00
1940.	15	0.02	1	0.001	0.00
1941.	66	0.09	4	0.005	0.00
1942.	12	0.02	—	—	0.00
1943.	12	0.02	—	—	0.00
1944.	2	0.002	1	0.001	0.00
1945.	10	0.01	—	0.00	0.00
1946.	51	0.07	3	0.004	0.00

During a period of five months—July to November—cases of paratyphoid fever kept cropping up in ones and twos, sometimes in the west of the County, then in the east. As it was known that in several parts of the County there were isolated small outbreaks of paratyphoid fever, it was considered, in view of the wide range of cases dotted here and there, that Glamorgan was partaking in this general raised incidence. Later, in consultation with the Bacteriologist, milk from a milk factory which distributed milk over a wide area of the County was suspected. A search was made for carriers in the factory, and although a great deal of work was done in this respect, no positive specimen was found.

Inspection of the factory raised a suspicion that river water which, after chlorination, was used to wash the bottles might be involved as the source of these cases. The river water was stopped and water taken from the town main substituted, although the amount used had to be reduced because of the excess draw on the main supply to the town. Whilst these changes were being brought about the amount of chlorine used was markedly increased. No further cases occurred after the first action was taken, taking into account the incubation period. Paratyphoid bacilli were found in the river water samples taken direct from the river. No paratyphoid bacilli were ever found in the chlorinated water actually used in the bottle-washing machines. Thus the position was never proved to the final degree of certainty, but after the action taken in relation to the alteration of the water used for bottle-washing, the whole puzzling epidemic completely ceased. It is hoped that permanent arrangements can be made to obtain water from the Local Authority's mains and effort is being made to this end. Complete co-operation was given by those controlling the factory in all the investigations, etc.

DIARRHOEA AND ENTERITIS (INFANTS UNDER 2 YEARS).

	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Deaths	54	53	37	36	40	51	55	65	56	49	73	50
Death-rate per 1,000 births	4.5	4.7	3.38	3.30	3.59	4.29	4.33	4.91	4.37	3.58	5.77	3.62
England and Wales—												
Death-rate per 1,000 births	5.7	5.9	5.8	5.5	4.6	4.6	5.1	5.20	5.30	4.8	5.60	4.4

There was a sharp reduction in deaths of children, under two years of age, from diarrhoea and enteritis. In 1945 73 deaths were recorded and this dropped to 50 in 1946. The rate per 1,000 live births for the County was 3.62 compared with 4.4 for England and Wales. The large cities (126 county boroughs and large towns) had a rate of 6.1. It is difficult to discover why the County rate is more often than not better than that for England and Wales. We have been almost free this year from epidemics of diarrhoea and enteritis in our maternity units and have had to take no radical action in relation to the nurseries.

TUBERCULOSIS.

TABLE I.

	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943	1944.	1945.	1946.
Cases notified—												
Phthisis	868	838	828	842	844	975	933	934	991	1,186	1010	894
Other Tuberculous diseases	315	314	320	345	310	332	355	322	356	284	283	243
Deaths—												
Phthisis	536	503	513	491	469	477	492	447	468	454	416	432
Other Tuberculous diseases	128	107	106	105	83	119	107	94	105	111	92	77
Case Mortality per cent—												
Phthisis	61.7	60.2	61.9	58.3	55.7	48.9	52.7	47.9	47.2	38.2	41.2	48.3
Other Tuberculous diseases	40.6	34.1	33.1	30.4	26.8	35.8	30.1	29.2	29.4	39.1	32.5	31.7
Administrative County—												
Phthisis.. ..	0.72	0.69	0.72	0.69	0.66	0.67	0.66	0.63	0.67	0.64	0.60	0.61
Other Tuberculous diseases	0.17	0.15	0.15	0.15	0.12	0.17	0.14	0.13	0.15	0.16	0.13	0.11
Urban Districts—												
Phthisis.. ..	0.77	0.75	0.75	0.73	0.74	0.70	0.71	0.68	0.74	0.68	0.64	0.65
Other Tuberculous diseases	0.17	0.15	0.15	0.16	0.14	0.18	0.15	0.13	0.15	0.15	0.15	0.10
Rural Districts—												
Phthisis.. ..	0.56	0.50	0.63	0.59	0.42	0.57	0.54	0.48	0.49	0.55	0.49	0.49
Other Tuberculous diseases	0.18	0.13	0.13	0.10	0.05	0.12	0.12	0.12	0.14	0.18	0.09	0.12
England and Wales—												
Phthisis	0.60	0.58	0.58	0.53	0.53	0.58	0.60	0.54	0.56	0.52	0.52	0.46
Other Tuberculous diseases	0.11	0.11	0.11	0.10	0.10	0.11	0.12	0.11	0.11	0.10	0.10	0.08

Death-rate per 1,000.

TABLE II.—NOTIFICATION OF TUBERCULOSIS.

Year.	Number of Notifications.			Rate per 1,000 population.		
	Pulmonary.	Non-pulmonary.	Total.	Pulmonary.	Non-pulmonary.	Total.
1944	1,186	284	1,470	1.68	0.40	2.08
1945	1,010	283	1,293	1.45	0.41	1.86
1946	894	243	1,137	1.26	0.34	1.60

TABLE III.—NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS.

Year.	Rate per 1,000 population.
1938	0.48
1939	0.44
1940	0.46
1941	0.48
1942	0.45
1943	0.51
1944	0.40
1945	0.41
1946	0.34

TABLE IV.—DEATH RATES PER 1,000—TUBERCULOSIS—YEAR 1946.

Area.	Pulmonary.	Non-pulmonary.	All forms.
Glamorgan	0.61	0.11	0.72
Wales and Monmouthshire	0.57	0.11	0.68
England and Wales ..	0.46	0.08	0.55

Consideration of the above tables brings out the following points :—

(a) Notifications of pulmonary tuberculosis were considerably less than last year but had not yet dropped to the 1938 (pre-war) level.

(b) The notifications of non-pulmonary tuberculosis were the lowest number recorded for any previous year.

(c) The death rate from pulmonary tuberculosis was a little greater than in 1945, which was the lowest rate recorded for the County.

(d) The death rate for non-pulmonary tuberculosis was the lowest ever recorded for the administrative County.

(e) The death rates for pulmonary and non-pulmonary tuberculosis is greater for Glamorgan than for England and Wales.

(f) The pulmonary tuberculosis rates in England and Wales reached the lowest ever recorded and that the death rate from this form of tuberculosis in Wales and Monmouthshire is higher than that for England and Wales.

The position of pulmonary tuberculosis was nearly as good as the year 1945 and the non-pulmonary death rate reached its lowest level. The fact that there are fewer notifications of tuberculosis is encouraging, especially in view of the fact that mass radiography was in operation in the County. One hopes that possibly we have reached the beginning of a further decline in the incidence of this disease.

Non-pulmonary tuberculosis could be substantially reduced if early pasteurisation of milk supplies could be introduced on a large scale as is done in certain countries.

The Welsh National Memorial Association have again been seriously handicapped by lack of nursing and domestic help. Large numbers of beds have been unoccupied because of these shortages and hundreds of patients have been kept waiting for lengthy periods. It is distressing to constantly be made aware of patients who have waited many weeks, often in homes in which young children are in daily contact with the patients. It is to be hoped that a solution will be found so that all the beds controlled by the Association can be brought into full use.

The death rates from tuberculosis since 1917 are shown in the diagram on page 41.

TREATMENT OF PULMONARY TUBERCULOSIS : (1) MEMO. 266/T ; (2) COMMITTEE'S AFTER-CARE SCHEME.

The administration of the Government's scheme which came into operation on the 1st August, 1943, was pursued during the year, and the following statistical information is of interest :—

	Pulmonary.	Non-pulmonary.	Total.
Notified cases of tuberculosis on Register at December, 1946	7,037	3,239	10,276

	1943.	1944.	1945.	1946.	Total.
No. of patients who applied for assistance under Memo. 266/T. ..	814	646	606	538	2,604*
No. granted assistance since inception of scheme on 1st August, 1943	465	444	375	466	1,750*
No. receiving allowances on 31st December	303	380	428	428*	—
No. of cases assisted by Public Assistance Committee before scheme came into operation	150	—	—	—	150
No. of Public Assistance cases transferred to the scheme	16	30	20	26	92

* Includes after-care cases.

Details showing reasons for cases ceasing to receive assistance :—

	1943.	1944.	1945.	1946.	Total.
Recommended work	25	124	156	162	467
Deceased	17	48	51	57	173
Not conforming to treatment	12	15	31	6	64
Left area	2	12	12	9	35
Still unfit for work after receiving allowances for statutory period..	31	72	89	120	312
Non-dependents admitted to hospital in receipt of N.H.I.	61	110	139	144	454
Other reasons	—	—	35	42	77

Payments made during 1946 :—

	Total.	Maintenance.	Discretionary.	Special.	After-care.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1st quarter—Jan.—March ..	7,571 10 1	7,032 19 10	246 18 11	139 8 0	152 3 4
2nd quarter—April—June ..	6,108 14 0	5,549 18 9	219 0 1	134 18 6	204 16 8
3rd quarter—July—Sept. ..	7,110 14 7	6,437 8 7	281 1 4	157 7 6	234 17 2
4th quarter—Oct.—Dec. ..	6,406 2 5	5,671 11 10	223 15 9	157 16 10	352 18 0
Total	27,197 1 1*	24,691 19 0	970 16 1	589 10 10	944 15 2

* This compares with a total expenditure of £27,293 17s. 9d. in the year 1945.

Travelling expenses granted to enable relatives to visit patients :

Year.	Government Scheme.	After-care Scheme.
	£ s. d.	£ s. d.
1944 ..	184 3 6	7 8 4
1945 ..	210 11 5	118 13 10
1946 ..	277 9 3	181 17 3

The inadequacy of the scheme, which was apparently a war-time measure designed to get patients under treatment in the very early stages of the disease so that they could be treated at the proper time and rendered fit to return to employment, has been severely criticised by local authorities and the general public.

The scheme is limited in that it does not provide for the chronic pulmonary case or the patient suffering from non-pulmonary tuberculosis. This leads to refusals of assistance which are not readily understood by the patients.

The scheme provides for the payment of allowances to eligible applicants in all cases for a period of six months after completing institutional treatment and for two further periods of six months provided the requisite progress towards return to employment is made. Where no such progress is made either my department or the Tuberculosis Officer has the unenviable task of informing the patient of the reason for the withdrawal of allowances.

It is doubtful whether the scale rates are high enough to relieve the breadwinner patient of anxiety for his family whilst he is absent from work, and the rate of 25/- per week for the non-dependent member of a parents' or other relative's household, appears to be inadequate (except for an adolescent).

The Tuberculosis Officer on whom rests the responsibility for deciding from the clinical picture whether the patient is a suitable case for assistance under the scheme, is now burdened with a great deal of additional administrative work, which includes correspondence on queries raised by local authorities.

Although the Government scheme has the limitations noted above, it has a significant value inasmuch as it concedes the point that assistance must be given to a person entering hospital if he has dependents. In addition it assists him in making his decision to cease employment in order to undergo treatment after being diagnosed, and this leads to active treatment at an earlier stage of the disease with a consequently better chance of recovery.

An analysis of the statistics given indicates that of the total number of cases assisted since the inception of the scheme in August, 1943, who have ceased to receive assistance by the end of the year under review, 467 patients or approximately 27 per cent have been rendered fit to resume work. The results in 454 other cases (non-dependents) who ceased to receive assistance on account of their admission to hospital or sanatorium are not yet evident.

Ten per cent of cases assisted have died, whilst 17 per cent have been declared as unfit for work after receiving allowances for the statutory period. 3·7 per cent of cases have become out of scope owing to their failure to conform to the treatment recommended, e.g. taking their own discharge from institutional treatment against medical advice.

RE-EMPLOYMENT AFTER TREATMENT—DISABLED PERSONS (EMPLOYMENT) ACT, 1944.

The majority of persons restored to working capacity under this scheme are not fit for more than light work.

As mentioned previously in this report, the above Act is designed to facilitate the employment of severely disabled persons who are unable to secure employment under ordinary conditions.

The Act is administered by the Minister of Labour and National Service, but at the end of the year covered by this report there was little evidence available in my department of much activity in placing tuberculous subjects, who have come under this scheme, in suitable employment. Perhaps it is too early to expect results in view of the responsibility of the Minister in placing normal healthy persons, such as ex-Servicemen and redundant war workers, in suitable employment.

NATIONAL INSURANCE ACT.

There is some concern amongst those connected with the administration of this scheme as to the effect of this Act on the treatment of pulmonary tuberculosis in so far as the incentive to undergo treatment may be lessened by the award of similar benefits to the tuberculous as to other sick persons who may have a better chance of returning to the original employment. Unless there is provided some means of supplementation of ordinary sickness rates, it seems likely that a considerable number of tuberculous subjects would be worse off financially than if they were provided for under Memo. 266/T, because of the permissible additions to the scale rates for rent and dependants plus the discretionary and special payments for insurances, hire purchase, education, domestic help, and travelling facilities.

However, it is possible that any such deficiencies may be remedied in future legislation.

AFTER-CARE.

The administration of the After-care Scheme which came into operation on 1st August, 1944, has been continued during the year. This scheme is limited in its scope as indicated in the next paragraph and, unfortunately, does not make provision for giving any maintenance allowances to persons outside the scope of the Government scheme.

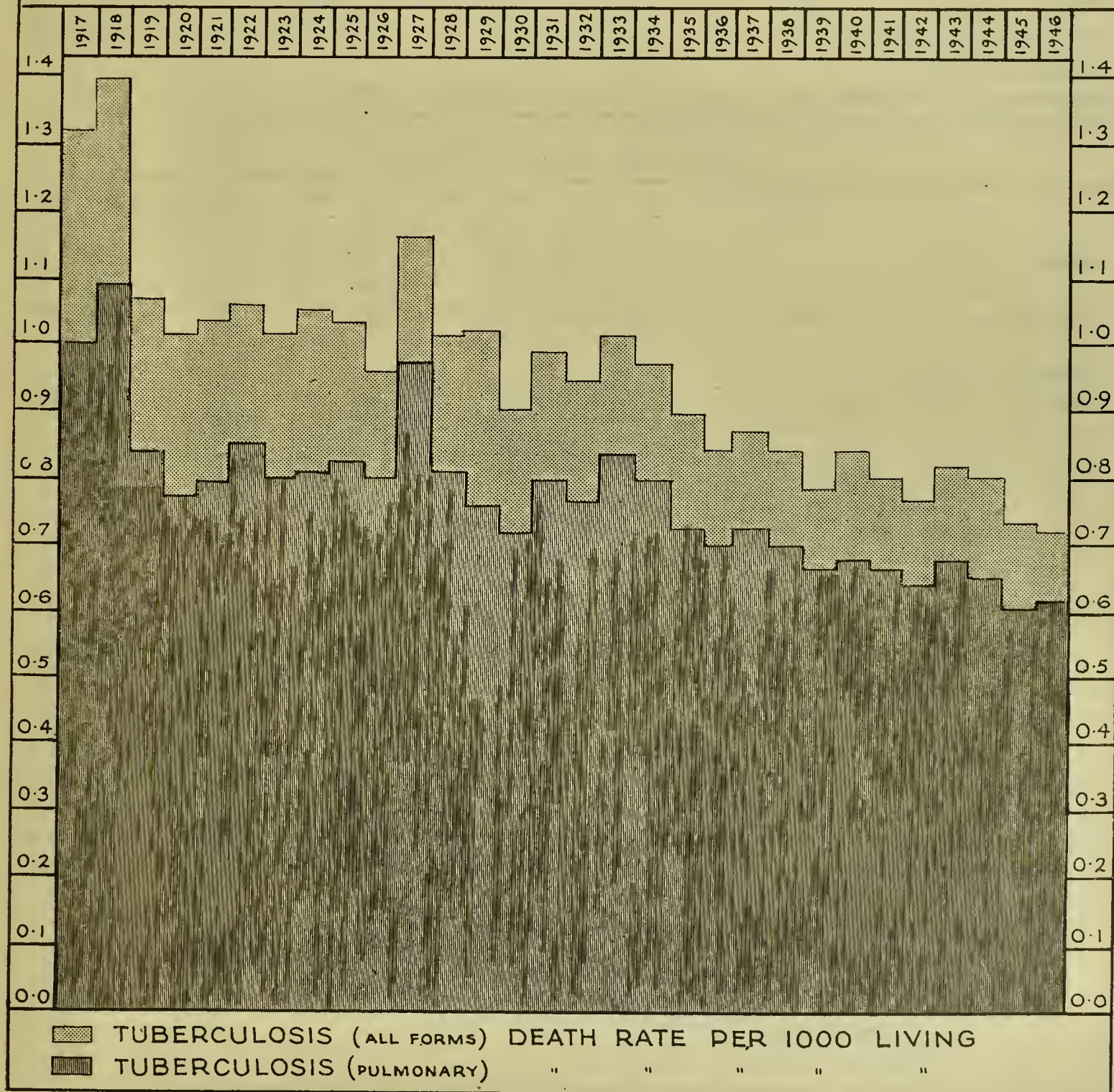
The scheme gives power to provide bedsteads and bedding to enable patients to sleep apart, outdoor shelters, clothing, extra nourishment, assistance in obtaining alternative housing accommodation, home helps, etc. Assistance is given according to an income scale.

The provision of beds and bedding to effect segregation is at the present time hampered by the necessity for patients to obtain priority permits and dockets before they are able to purchase these articles; and it is often further hampered by the lack of sufficient housing accommodation, but it is satisfactory to note that housing authorities usually give high priority in their allocation schemes to inadequately housed families in which there is a tuberculous subject.

The arrangements for providing clothing for persons to be admitted to institutional treatment are often hindered by the lack of sufficient clothing coupons, and application has to be made to the Board of Trade for additional coupons.

During the year expenditure totalling £1,126 12s. 5d. was incurred as compared with £492 17s. 2d. during 1945.

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



MATERNAL MORTALITY.

PUERPERAL SEPSIS.

	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Deaths	37	29	17	15	15	14	14	14	19	20	5	4
Death-rate per 1,000 births	3.10	3.57	1.55	1.37	1.35	1.18	1.10	1.07	1.43	1.41	0.38	0.28
England and Wales—												
Death-rate per 1,000 births	1.68	1.40	0.97	0.89	0.77	0.52	0.48	0.42	0.73	0.59	0.49	0.31

OTHER MATERNAL CAUSES.

	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Deaths	47	35	36	50	43	37	36	32	43	31	37	29
Death-rate per 1,000 births	3.94	3.10	3.29	4.58	3.86	3.11	2.83	2.45	3.24	2.18	2.83	2.03
England and Wales—												
Death-rate per 1,000 births	2.42	2.41	2.26	2.19	2.16	1.64	1.75	1.59	1.56	1.34	1.30	1.12

The rates for 1943, 1944, 1945, and 1946 are worked out on "live and still births" and not on "live" births as previously.

The maternal mortality rates for recent years are as follows :—

1944 ..	3.59	per 1,000 live and stillbirths.										
1945 ..	3.21	„	„	„	„	„	„	„	„	„	„	„
1946 ..	2.31	„	„	„	„	„	„	„	„	„	„	„

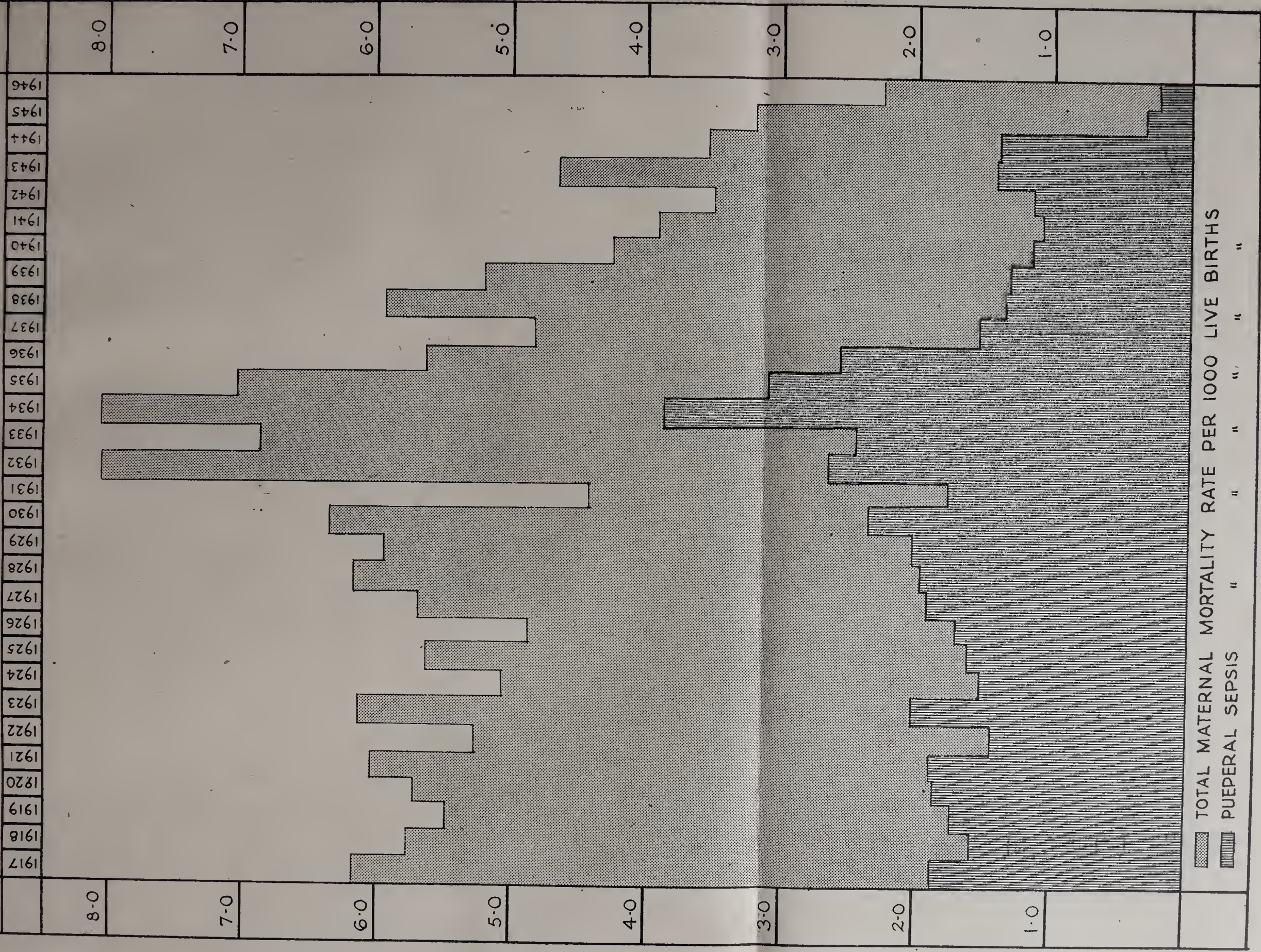
The 1946 rate is the lowest ever recorded for the administrative County, but still does not equal that of England and Wales, which was 1.43. It is, however, a vast improvement on such years as 1934, when the maternal mortality rate was 8.08.



It is interesting to note that in 1945 and 1946 the death rate from puerperal sepsis was actually less than that for England and Wales, but deaths from "Other Maternal Causes" remain substantially higher than England and Wales. The decrease in puerperal sepsis is largely accounted for by the use of new drugs to combat infection. The causes of the higher "Other Maternal Deaths" is bound up in the need for better ante-natal and natal care. As already reported, it still appears necessary before further improvement can occur to have :—

- (a) A higher standard of nutrition for all mothers.
- (b) Complete ante-natal care.
- (c) Education of mothers in the value of ante-natal supervision.
- (d) A raised standard of midwifery by all practising it.
- (e) Sufficient number of maternity beds.
- (f) Improved emergency arrangements for domiciliary obstetrical emergencies.
- (g) A closer link between ante-natal clinics and maternity units.

The following diagram illustrates in graphic form the variations in maternal mortality since the year 1917 :—

ADMINISTRATIVE COUNTY OF GLAMORGAN • MATERNAL MORTALITY •



 TOTAL MATERNAL MORTALITY RATE PER 1000 LIVE BIRTHS
 PUERPERAL SEPSIS

THE UNIVERSITY OF CHICAGO

CANCER.

The death rate per 1,000 population in the administrative County in 1944, 1945, and 1946 were 1.56, 1.73, and 1.68 respectively, for England and Wales in 1945 it was 1.93, and in 1946 was 1.85. For some years the Glamorgan crude rate has been rather lower than for England and Wales. The rate for the County (1.68) is lower than last year and is the first occasion in recent years, at least since 1936, when the rate has not shewn an increase over the previous year.

There is no indication of any significant variation in the site of the body involved.

The decrease in the cancer deaths from 1,209 in 1945 to 1,194 in 1946 is due mainly to a decrease in female deaths. Actually the number of males dying from cancer increased by 27 whereas the females decreased by 42.

The following table gives a record of the number of males and females in the administrative County who died from cancer during the last ten years :—

Year.	Males.	Females.
1936	493	467
1937	480	497
1938	522	478
1939	498	501
1940	517	476
1941	511	489
1942	545	535
1943	569	511
1944	583	521
1945	626	583
1946	653	541

From the graph on page 44, shewing deaths from cancer since 1936, it will be seen that in the main there is a similar tendency in so far as deaths from both males and females are concerned, but that occasionally the female rate drops only to turn upwards again. This year shewed a female downward deviation as opposed to the continued rise of the male rate, but whether this is a temporary deviation once again or a more permanent trend remains to be seen.

Once again deaths from cancer easily exceed twice the deaths from tuberculosis.

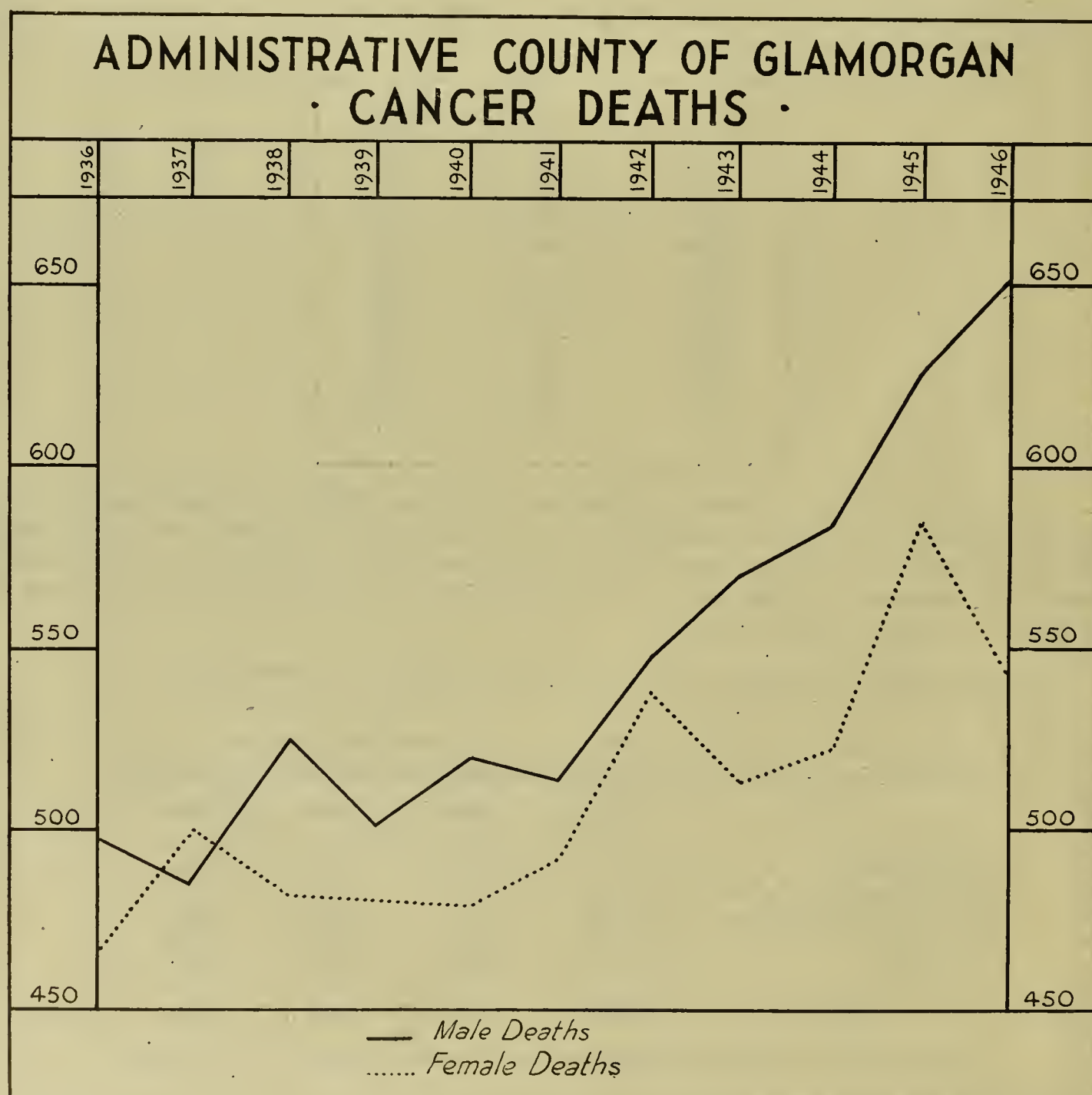
SITES OF CANCER IN PERSONS DYING FROM THE DISEASE.

Site.	1943.	1944.	1945.	1946.
Buccal Cavity	123	136	140	126
Oesophagus and Uterus }				
Stomach and Duodenum ..				
Breast	90	88	97	99
Other Sites	572	603	691	674
Total	1,080	1,104	1,209	1,194

The outstanding event in 1946 was the formation of the Joint Cancer Committee, the constituent authorities being the seven South Wales County Councils and the four County Boroughs.

The Joint Committee will, until the takeover of its functions by the Regional Hospital Board under the National Health Service Act, make arrangements to secure facilities for the diagnosis and treatment of persons suffering from cancer. The first meeting of the Joint Committee was held on 31st May, 1946, and so the new project was launched.

During the year the Joint Committee met on several occasions, as did the Medical Advisory Committee of the Joint Committee. A good deal of spade work in relation to the new cancer arrangements was done and every effort is being made to hand over to the Regional Hospital Board a scheme devised fully and partially operated.



SANITARY CIRCUMSTANCES OF THE AREA.

PREVENTION OF POLLUTION OF RIVERS AND STREAMS.

The rivers of Glamorgan show gross evidence of pollution and are some of the scars of industrialism.

Many rivers are black with coal products, many have sewage discharged into them without effective treatment. In some areas the sewage treatment plant is hopelessly inadequate to deal with the present-day population and has become almost worthless from the point of view of dealing efficiently with heavy volumes of sewage.

The problem is almost insoluble at the moment and one seriously doubts if, with present statutory powers, one can handle the present position. The cost would be very high, if only that involved in dealing with sewage. It seems that in most cases the best method of dealing with the problem would be joint action to build sewers running from the tops of the valleys down to the sea. This would be at great cost but would be worth it and the avoidance of maintaining costly treatment plants is something to be considered. The war upset many plans for the reconstruction of several sewage works. The solution may be assisted, too, by the setting up of river boards having complete jurisdiction over the whole length of the rivers.

(a) Visits of inspection.

The visits paid during the year were as follows:—

Sewage disposal works	..	..	146
River water samples	..	..	36
Industrial	..	..	73
Total	..	..	255

(b) Analysis of samples.

Sewage effluents 136

Character of Crude Sewage.	Character of Effluent after Purification.		
	Efficient.	Fairly Efficient.	Inefficient.
Strong	2	1	6
Moderate	5	5	8
Weak	62	28	19

The results of all effluent analyses are reported to the District Medical Officers of Health concerned.

Sampling and Visits in Relation to Milk Production.

Visits made to Tuberculin-tested Farms	..	..	..	..	..	..	499
Visits made to Accredited Farms	..	..	..	..	..	..	967
Total number of milk samples taken	..	..	..	..	..	..	561
Samples of milk taken under Regulation 55G	..	..	..	..	..	..	122

Water Supplies.

Bacteriological examinations on behalf of district councils and county council	989
Chemical examinations on behalf of district and county councils	.. .. 247

RURAL WATER SUPPLIES AND SEWAGE ACT, 1944.

Schemes made under this Act for the extension of piped water supplies and for the provision of sewerage facilities were referred by the rural district authorities during the year for the observations of the County Council prior to their submission to the Welsh Board of Health for the requisite approval. These observations were called for in order to afford the County Council an opportunity of expressing its views on the scope of the schemes as in certain instances comprehensive schemes may be preferable to more local ones. In addition, the Act required County Councils to make a contribution towards the cost but subsequently an intimation was received that as Glamorgan is situate wholly in the South Wales Development Area as defined in the Distribution of Industry Act, 1945, grants were determined for the time being on the assumption that no contribution would be paid by the County Council.

Schemes submitted during the year were as follows :—

(a) *Sewerage Schemes.*

Penybont Rural	..	Heolaethog, Llangynwyd Village, Southerndown, and Ogmere-by-Sea.
Cowbridge Rural	..	Llanblethian and Aberthin (jointly with Cowbridge Borough), Tylagarw, Tynybryn, and Coedcae Lane.
Do.	..	Final section of scheme for St. Athan and Gileston.
Cardiff Rural	..	Pentyrch. Scheme for the new houses to be erected at Gwaelodygarth.
Neath Rural	..	Clyne, Rhigos, Aberbarwed, and Resolven.

(b) *Water Schemes.*

Neath Rural	..	Banwen and Bryncoch, Rhigos, Tonmawr, Upper Fforchdwm, Cilfrew, Pentre Clwyda, Tonna, Cefnyrallt, Resolven to Clyne.
Gower Rural	..	(i) Comprehensive scheme for Gower Rural District, at a cost exceeding £100,000, including an extension of water mains at Oxwich and Reynoldston, at a cost of £13,976 10s. 0d.
Cowbridge and Penybont Rural Districts		The Mid-Glamorgan Water Board has been informed by the Welsh Board of Health that schemes have been approved for loan consent in the following parishes: Llanharry, Llanblethian, Colwinstone, Marcross in the Cowbridge District and Coity Higher, St. Brides Major, and Pencoed in the Penybont Rural District.

These schemes provide for a further extension in the water supplies to rural areas in the County which, when they are completed, will be adequately supplied with water except for a few isolated hamlets and farms.

A good water supply is essential for clean milk production and the meeting of agricultural needs has been considered in the drawing up of the proposals. It is hoped that the necessary work in carrying out the schemes will not be unduly delayed by the shortage of labour.

The Pontardawe Rural District Council also has schemes in hand for the extension of the water supply and sewerage arrangements in its area, but has applied for grant under the Distribution of Industry Act, 1945, and not the Rural Water Supply Act, 1944.

GENERAL REMARKS.

The year 1946 was a year of advance, a year of straining at the leash as far as the Public Health Department was concerned. Too often the desire for advance was thwarted by such difficulties as staff shortages or lack of new building provision. Advance there was—lowest infant mortality rate, lowest maternal mortality rate, smallest number of diphtheria cases, lowest incidence of non-pulmonary tuberculosis, and a welcome but slight decrease in cancer deaths.

The hospitals reached forward, another maternity unit was opened, employment of ward orderlies system inaugurated, full time consultants appointed to the medical staff, and a dietitian commenced work in the County hospitals and institutions.

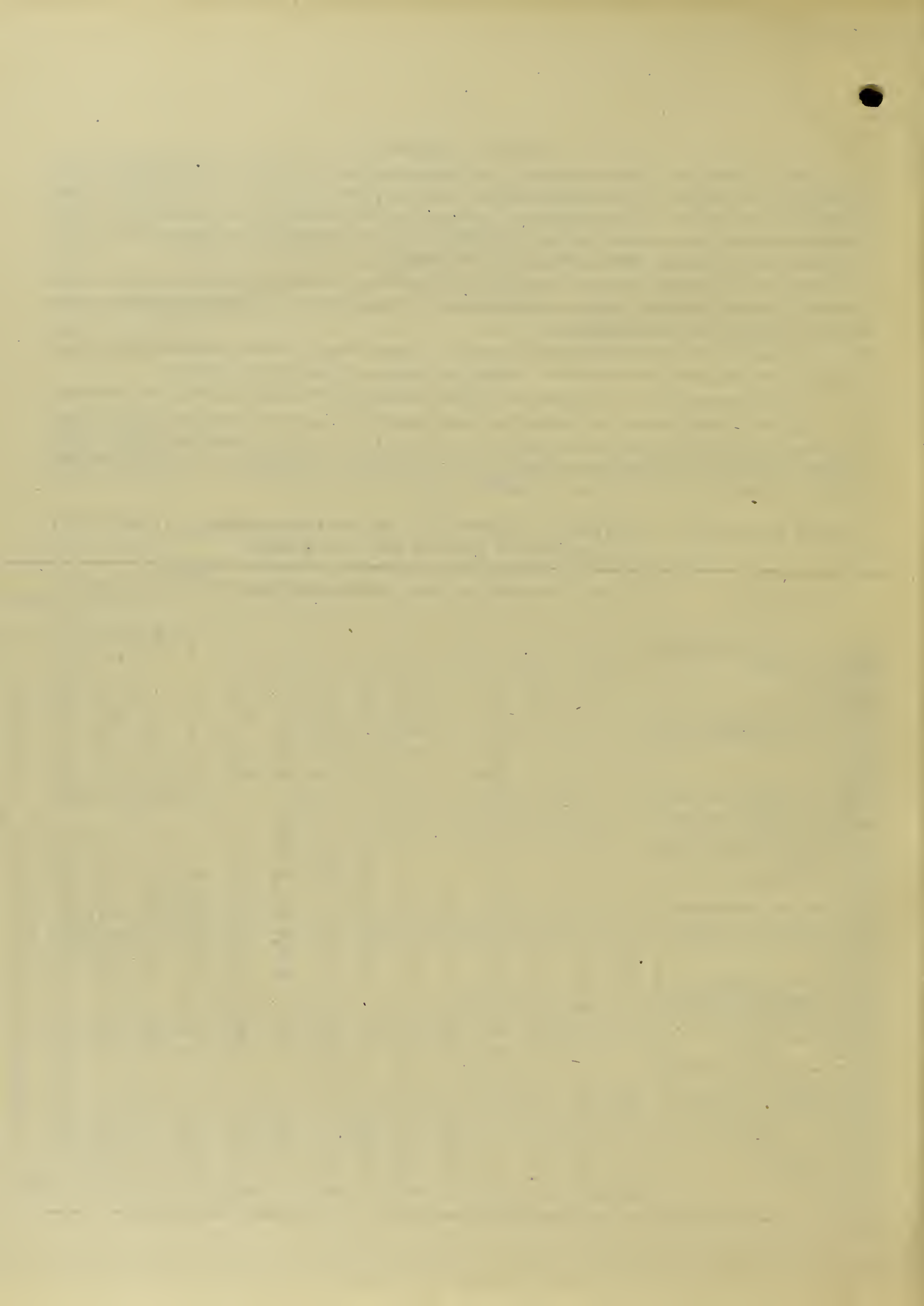
The incidence of infectious diseases declined; measles dropped, and cerebro-spinal fever cases declined to 35, the lowest for some years. Scabies and ringworm shewed no great change.

An increased incidence of paratyphoid fever occurred and action was taken to prevent its continuance.

The new National Service Act reached the Statute Book; what, one asks oneself, is the future to be? This depends largely on the will of those who have to operate the Act—both centrally and locally. Given goodwill, a sinking of local and personal pride, and our eyes fixed on an ideal, we shall attain our end, that priceless and essential goal—a strong and healthy nation.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1946.

Causes of Death.	0-1 year		1-5 years		5-15 years		15-45 years		45-65 years		65 years and upward		All ages		Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Typhoid and Paratyphoid Fevers	—	—	—	—	—	1	—	1	—	—	1	—	1	2	3
Cerebro-Spinal Fever	—	—	1	—	—	—	1	—	—	1	—	—	3	1	4
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	2	9	5	3	—	—	—	—	—	—	—	—	7	12	19
Diphtheria	1	1	4	1	4	4	2	—	—	—	—	—	11	6	17
Tuberculosis of respiratory system	3	—	1	2	3	4	103	153	111	25	21	6	242	190	432
Other Forms of Tuberculosis ..	4	4	7	8	4	6	15	18	6	1	2	2	38	39	77
Syphilitic Diseases	1	—	—	—	—	—	—	—	11	4	3	3	15	7	22
Influenza	2	1	1	2	—	—	6	9	17	9	17	23	43	44	87
Measles	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Ac. Polio-myel. and Polio-enceph.	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Acute Inf. Encephalitis	1	—	—	—	—	—	—	1	1	—	—	1	2	2	4
Cancer of Buc. Cav. and Oesoph (M) Uterus (F)	—	—	—	—	—	—	3	9	11	39	44	20	58	68	126
Cancer of Stomach and Duodenum	—	—	—	—	—	—	10	2	82	45	79	77	171	124	295
Cancer of Breast	—	—	—	—	—	—	—	14	1	38	1	45	2	97	99
Cancer of all other sites	1	—	1	2	1	—	22	18	193	101	204	131	422	252	674
Diabetes	—	—	—	—	1	—	3	3	5	22	10	39	19	64	83
Intra-Cranial Vascular Lesions ..	—	—	—	—	—	—	5	3	86	112	322	303	413	418	831
Heart Disease	—	—	—	—	3	2	56	65	355	249	818	703	1,232	1,019	2,251
Other Diseases of Circ. System ..	1	—	1	—	—	—	1	4	16	15	74	71	93	90	183
Bronchitis	26	7	2	—	1	—	9	4	127	45	225	127	390	183	573
Pneumonia	52	38	8	8	1	2	6	10	48	16	53	34	168	108	276
Other Respiratory Diseases	2	2	—	2	—	—	20	8	108	16	55	12	185	40	225
Ulcer of Stomach or Duodenum ..	—	—	—	—	—	—	8	1	33	7	10	6	51	14	65
Diarrhoea, under two years	26	17	5	2	—	—	—	—	—	—	—	—	31	19	50
Appendicitis	—	—	4	—	6	3	5	7	10	2	3	2	28	14	42
Other Digestive Diseases	6	4	2	2	2	—	13	10	25	22	36	42	84	80	164
Nephritis	1	1	1	—	3	6	11	21	50	35	76	75	142	138	280
Puerperal and Post-Abort: Sepsis	—	—	—	—	—	—	—	4	—	—	—	—	—	4	4
Other Maternal Causes	—	—	—	—	—	—	—	28	—	1	—	—	—	29	29
Premature Birth	87	81	—	—	—	—	—	—	—	—	—	—	87	81	168
Con. Mal. Birth Inj. Infant Dis...	104	79	3	2	3	—	3	3	3	—	—	—	116	84	200
Suicide	—	—	—	—	1	—	13	8	21	9	17	4	52	21	73
Road Traffic Accidents	—	—	3	1	6	4	27	3	8	—	5	3	49	11	60
Other Violent Causes	9	9	13	4	7	4	50	8	56	2	30	29	165	56	221
All Other Causes	24	18	10	5	9	8	48	42	87	76	310	314	488	463	951
All Causes	353	271	72	45	55	44	441	458	1,471	892	2,417	2,072	4,809	3,782	8,591



1946.

NOTIFICATION OF INFECTIOUS DISEASES.

	SMALLPOX			SCARLET FEVER			DIPHTHERIA (Includes Mem. Croup)			ENTERIC FEVER		PARA- TYPHOID		ERYSIPELAS		PULMONARY TUBERCULOSIS		NON- PULMONARY TUBERCULOSIS		PUERPERAL PYREXIA		Ophthalmia Neonatorum	PNEUMONIA		MEASLES		WHOOPIING COUGH		Encephalitis Lethargica	Dysentery	Cerebro-Spinal Fever	Malaria	Acute Polio-myelitis	Membranous Croup
	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate per 1,000 Live Births		Cases	Rate	Cases	Rate	Cases	Rate						
Administrative County	—	—	—	1473	2.07	1082	442	0.62	528	7	0.01	44	0.06	115	0.16	894	1.26	243	0.34	77	5.58	43	755	1.06	925	1.30	795	1.12	4	41	35	3	4	—
Urban Districts	—	—	—	1185	2.28	854	287	0.55	364	4	0.01	40	0.08	82	0.16	692	1.33	172	0.33	70	6.81	32	604	1.16	866	1.66	603	1.16	3	14	27	1	3	—
Rural Districts	—	—	—	288	1.52	228	155	0.82	164	3	0.02	4	0.02	33	0.17	202	1.07	71	0.37	7	1.99	11	151	0.80	59	0.31	192	1.01	1	27	8	2	1	—
<u>URBAN.</u>																																		
Aberdare	—	—	—	91	2.28	22	12	0.30	12	—	—	5	0.13	7	0.18	63	1.58	14	0.35	5	7.60	3	66	1.65	12	0.30	14	0.35	1	1	1	1	1	—
Barry Borough	—	—	—	100	2.63	90	20	0.53	20	—	—	—	—	11	0.29	63	1.66	8	0.21	4	4.90	1	26	0.68	24	0.63	94	2.47	—	1	4	—	—	—
Bridgend	—	—	—	21	1.64	11	2	0.16	2	—	—	—	—	3	0.23	18	1.41	10	0.78	—	—	1	3	0.23	—	—	10	0.78	—	1	—	—	—	—
Caerphilly	—	—	—	49	1.52	9	17	0.53	58	—	—	1	0.03	5	0.16	39	1.21	14	0.43	3	3.95	—	14	0.43	1	0.03	12	0.37	—	1	2	—	—	—
Cowbridge Borough	—	—	—	1	0.80	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gelligaer	—	—	—	45	1.25	17	8	0.22	8	—	—	5	0.14	6	0.17	49	1.36	13	0.36	8	10.08	3	10	0.28	4	0.11	71	1.97	—	—	2	—	—	—
Glyncorrwg	—	—	—	12	1.35	10	5	0.56	4	—	—	—	—	2	0.22	14	1.57	5	0.56	—	—	1	15	1.68	—	—	—	—	—	—	—	—	—	—
Llchwyr	—	—	—	49	1.92	47	4	0.16	4	—	—	—	—	2	0.08	24	0.94	10	0.39	5	12.66	1	3	0.12	8	0.31	7	0.27	—	1	1	—	—	—
Maesteg	—	—	—	19	0.84	13	25	1.10	22	—	—	—	—	5	0.22	27	1.19	13	0.57	—	—	1	30	1.32	11	0.49	17	0.75	—	—	1	—	—	—
Mountain Ash	—	—	—	132	4.14	79	11	0.35	11	—	—	13	0.41	8	0.25	56	1.76	7	0.22	7	11.02	1	15	0.47	338	10.60	1	0.03	—	—	—	—	—	—
Neath Borough	—	—	—	36	1.16	28	37	1.20	37	—	—	3	0.10	—	—	38	1.23	11	0.36	—	—	1	11	0.36	10	0.32	15	0.48	—	1	—	—	—	—
Ogmore and Garw	—	—	—	43	1.84	41	6	0.26	6	—	—	—	—	5	0.21	32	1.37	13	0.56	5	10.99	—	67	2.87	261	11.20	83	3.56	2	3	3	—	1	—
Penarth	—	—	—	16	0.96	5	1	0.06	1	2	0.12	—	—	1	0.06	15	0.90	6	0.36	2	6.41	1	167	9.99	15	0.90	47	2.81	—	4	4	—	—	—
Pontypridd	—	—	—	170	4.39	169	14	0.36	14	—	—	7	0.18	4	0.10	62	1.60	4	0.10	7	9.00	9	10	0.26	123	3.18	57	1.47	—	—	4	—	1	—
Porthcawl	—	—	—	9	1.05	7	1	0.12	1	—	—	—	—	1	0.12	10	1.17	5	0.59	1	6.85	1	—	—	3	0.35	6	0.70	—	—	—	—	—	—
Port Talbot Borough	—	—	—	62	1.55	52	61	1.53	61	1	0.03	—	—	4	0.10	61	1.53	17	0.43	6	7.79	1	10	0.25	12	0.30	28	0.70	—	—	—	—	—	—
Rhondda	—	—	—	330	2.92	253	63	0.56	103	1	0.01	6	0.05	18	0.16	121	1.07	22	0.19	17	7.72	7	157	1.39	44	0.39	141	1.25	—	1	5	—	—	—
<u>RURAL.</u>																																		
Cardiff	—	—	—	53	1.48	37	9	0.25	14	—	—	—	—	6	0.17	34	0.95	7	0.20	—	—	4	14	0.39	13	0.36	39	1.09	1	17	—	—	1	—
Cowbridge	—	—	—	18	1.41	16	19	1.49	23	—	—	—	—	2	0.16	17	1.33	5	0.39	1	3.56	—	11	0.86	3	0.24	17	1.33	—	—	—	—	—	—
Gower	—	—	—	—	—	—	2	0.18	2	—	—	—	—	—	—	12	1.11	3	0.28	—	—	1	7	0.65	2	0.18	2	0.18	—	2	3	1	—	—
Llantrisant and Llan- twit Fardre	—	—	—	54	2.29	43	3	0.13	3	—	—	3	0.13	4	0.17	33	1.40	5	0.21	2	4.02	6	5	0.21	5	0.21	39	1.65	—	1	—	—	—	—
Neath	—	—	—	68	1.71	66	51	1.27	51	—	—	1	0.02	9	0.22	47	1.17	16	0.40	2	2.70	—	66	1.65	31	0.77	61	1.52	—	2	—	1	—	—
Penybont	—	—	—	31	0.93	18	12	0.36	12	1	0.03	—	—	5	0.15	33	0.99	28	0.84	1	1.67	—	14	0.42	1	0.03	1	0.03	—	—	1	—	—	—
Pontardawe	—	—	—	64	1.93	48	59	1.78	59	2	0.06	—	—	7	0.21	26	0.78	7	0.21	1	1.74	—	34	1.03	4	0.12	33	1.00	—	5	4	—	—	—

Figures in column showing admissions to hospital in respect of Diphtheria cases occasionally show a greater figure than the number of cases notified due to an altered diagnosis after admission.

VITAL STATISTICS, ETC., 1946.

	POPULATION		BIRTHS			DEATHS					CAUSES OF DEATH AT ALL AGES																																
	Census, 1931	Estimated 1946	Males	Females	Total	Stillbirths	Males	Females	Total	Under one Year	Typhoid and Paratyphoid Fevers	Cerebro-Spinal Fever	Scarlet Fever	Whooping Cough	Diphtheria	Tuberculosis of Respiratory System	Other Forms of Tuberculosis	Syphilitic Diseases	Influenza	Measles	Acute Polio Myel. and Polio-Enceph.	Acute Inf. Encephalitis	Cancer of B. Cavity and Oesoph. (M)	Cancer of Uterus (F)	Cancer of Stomach and Duodenum	Cancer of Breast	Cancer of all Other Sites	Diabetes	Intra-Cran. Vasc. Lesions	Heart Disease	Other Diseases of Circ. System	Bronchitis	Pneumonia	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea (under 2 years)	Appendicitis	Other Digestive Diseases	Nephritis	Puerperal and Post-Abort. Sepsis	Other Maternal Causes	Premature Births	Con. Mal.
England and Wales	766,223	710,160	7,080	6,719	13,799	490	4,809	3,782	8,591	624	3	4	..	19	17	432	77	22	87	1	2	4	126	295	99	674	83	61	2,251	183	573	276	225	65	50	42	164	280	4	29	168	20	
Administrative County	585,508	520,490	5,314	4,970	10,284	371	3,635	2,866	6,501	462	3	4	..	16	16	340	54	14	63	1	2	3	95	223	78	481	61	644	1,755	129	457	205	166	55	37	30	119	204	2	25	122	15	
Urban Districts	180,715	189,670	1,766	1,749	3,515	119	1,174	916	2,090	162	3	3	7	92	23	8	24	1	31	72	21	193	22	187	496	54	116	71	59	10	13	12	45	76	..	4	46	4	
Rural Districts																																											
URBAN.																																											
Aberdare	48,746	39,920	336	322	658	27	322	259	581	30	1	24	2	..	8	9	17	10	42	4	72	192	6	17	12	13	8	1	2	8	12	..	3	12	1	
Barry Borough	38,891	38,010	423	394	817	31	257	192	449	38	..	1	..	1	..	27	5	1	5	6	14	5	26	5	37	128	10	23	17	8	3	2	3	9	18	..	1	14	1	
Bridgend	10,029	12,770	140	115	255	9	79	53	132	7	7	5	1	7	1	18	2	16	32	4	9	5	5	
Caerphilly	35,768	32,240	401	358	759	25	222	179	401	34	2	2	18	..	1	4	7	9	4	24	4	29	94	8	30	11	10	3	..	11	17	..	2	9	1		
Cowbridge Borough	1,018	1,255	14	5	19	..	5	6	11	1	1	1	1	1	1	..	3	3	1	1	1	1
Gelligaer	41,043	35,980	407	387	794	29	225	197	422	43	13	2	1	3	5	18	7	27	3	37	106	7	26	16	16	5	10	1	5	17	..	3	9	1	
Glyncorrwg	10,203	8,904	96	101	197	9	57	48	105	14	4	2	1	1	2	1	2	5	1	11	24	1	8	6	6	2	2	1	3	2	
Llchwyr	26,626	25,510	194	201	395	16	164	120	284	17	23	4	1	3	6	10	3	40	3	19	80	5	12	11	6	11	6	3	10	..	1	6	..		
Maesteg	25,570	22,660	249	251	500	18	141	114	255	25	..	1	..	1	2	11	1	1	15	2	20	3	27	77	..	21	14	8	11	8	2	1	..	2	8	..	2	6	..
Mountain Ash	38,386	31,880	323	312	635	25	206	182	388	32	22	5	..	4	5	6	5	24	2	49	74	4	44	10	11	2	1	3	8	5	..	2	5	..	
Neath Borough	33,340	30,940	318	273	591	12	203	192	395	26	1	..	22	3	9	18	3	29	5	42	92	17	19	17	9	4	1	2	11	12	..	1	5	1	
Ogmore and Garw	26,981	23,310	240	215	455	20	158	117	275	15	..	1	17	3	1	2	2	8	3	18	2	35	66	2	19	11	11	1	3	6	4	..	2	2
Penarth	17,719	16,720	147	165	312	11	125	90	215	10	2	4	..	1	1	10	2	16	2	19	65	8	13	4	1	1	2	1	6	16	..	1	5	..	
Pontypridd	42,717	38,730	411	367	778	32	260	242	502	41	..	1	..	3	..	20	1	3	3	2	3	40	5	56	128	14	40	12	9	5	2	10	6	..	1	16	12	..		
Porthcawl	6,447	8,541	73	73	146	6	60	53	113	2	4	1	..	1	2	5	2	9	1	11	33	3	4	7	3	1	..	3	8	
Port Talbot Borough	40,678	40,060	397	373	770	32	267	210	477	33	3	4	32	2	..	11	2	16	8	41	6	44	138	8	32	17	6	7	..	11	21	..	1	5	13		
Rhondda	141,346	113,120	1,145	1,058	2,203	69	884	612	1,496	94	4	1	84	19	4	12	25	46	18	101	12	140	423	31	139	34	49	11	9	7	23	42	..	4	22	34	
RURAL.																																											
Cardiff	29,056	35,770	314	305	619	29	191	176	367	26	1	..	11	4	3	5	4	11	3	33	1	44	104	9	15	13	4	3	..	4	8	12	1	1	5	12	
Cowbridge	10,513	12,750	148	133	281	9	92	44	136	18	4	3	1	2	2	3	..	12	2	11	23	4	9	11	3	3	5	1	4	6	2	1	
Gower	9,676	10,830	100	101	201	8	69	59	128	15	9	1	..	1	2	3	..	21	..	9	37	3	4	3	2	..	2	5	3	4	5		
Llantrisant and Llantwit Fardre	25,909	23,610	247	251	498	16	156	115	271	18	1	..	10	3	..	4	4	13	6	23	2	19	67	11	9	9	9	..	1	1	3	5	..	1	7	4	
Neath	39,783	40,090	396	345	741	22	258	190	448	35	2	18	6	2	7	7	18	4	34	7	40	96	12	31	17	13	1	4	3	7	26	..	1	10	11	
Penybont	29,209	33,460	292	307	599	19	188	145	333	20	1	1	17	4	1	1	5	12	3	33	7	21	76	4	27	10	10	2	11	7	..	1	6	5	
Pontardawe	36,569	33,160	269	307	576	16	220	187	407	30	4	23	2	1	4	7	12	5	37	3	43	93	11	21	8	18	..	1	7	17	..	1	12	7		

												DEATH-RATE PER 1,000 POPULATION												RATE PER 1,000 LIVE BIRTHS		RATE PER 1,000 LIVE & STILL BIRTHS			
Other Digestive Diseases	Nephritis	Puerperal and Post-Abort: Sepsis	Other Maternal Causes	Premature Births	Con. Mal. Birth Inf. Infant Dis.	Suicide	Road Traffic Accidents	Other Violent Causes	All Other Causes	All Causes	Birth-rate	Death-rate	Typhoid and Paratyphoid Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis of Respiratory System.	Tuberculosis, Other forms	Respiratory Diseases	Suicide and other Violence	Infantile Mortality	Diarrhoea, etc. (under 2 years)	Puerperal and Post-Abort: Sepsis.	Other Maternal Causes		
164	280	4	29	163	200	73	60	221	951	8,591	19.1	11.5	—	—	—	—	0.02	0.01	0.15	0.46	0.08	—	—	43	4.40	0.31	1.12	England and Wales.	
119	204	2	25	122	155	53	34	147	703	6,501	19.4	12.1	0.004	—	0.001	—	0.03	0.02	0.12	0.61	0.11	1.51	0.50	45	3.62	0.28	2.03	Administrative County.	
45	76	2	4	46	45	14	26	74	243	2,030	19.8	12.5	0.006	—	0.002	—	0.03	0.02	0.12	0.65	0.10	1.59	0.46	45	3.60	0.19	2.35	Urban Districts.	
											18.5	11.0	—	—	—	—	0.02	0.04	0.13	0.49	0.12	1.30	0.60	46	3.70	0.55	1.10	Rural Districts.	
URBAN.																													
8	12	—	3	12	12	4	2	18	70	581	16.5	14.6	—	—	—	—	—	0.03	0.20	0.60	0.05	1.05	0.60	46	1.52	—	4.38	Aberdare.	
9	18	—	1	14	11	8	1	4	56	449	21.5	11.8	—	—	—	—	0.03	—	0.13	0.71	0.13	1.26	0.34	47	2.45	—	1.18	Barry Borough.	
—	5	—	—	2	2	1	—	2	12	132	20.0	10.3	—	—	—	—	—	—	0.89	0.55	—	1.10	0.23	27	—	—	—	—	Bridgend.
11	17	—	2	9	12	3	3	18	60	401	23.5	12.4	0.03	—	—	—	0.06	0.06	0.12	0.56	—	1.58	0.74	46	2.64	—	2.55	Caerphilly.	
—	1	—	—	—	—	—	—	1	—	11	15.1	8.8	—	—	—	—	—	—	—	—	—	1.59	0.80	53	—	—	—	—	Cowbridge Borough.
5	17	1	3	9	14	5	4	12	47	422	22.1	11.7	—	—	—	—	0.03	—	0.08	0.36	0.06	1.61	0.58	54	12.59	1.22	3.65	Gelligaer.	
3	2	—	—	4	5	1	1	3	5	105	22.1	11.8	—	—	—	—	—	—	0.11	0.45	0.22	2.25	0.56	71	10.15	—	—	—	Glyncorwg.
3	10	—	1	6	8	3	3	23	284	15.5	11.1	—	—	—	—	—	—	—	0.12	0.90	0.16	1.14	0.24	43	2.53	—	2.43	—	Llwhchwr.
2	8	—	2	3	5	3	2	6	11	255	22.1	11.3	—	—	—	—	0.04	0.09	—	0.49	0.04	1.90	0.49	50	2.00	—	3.86	—	Maesteg.
8	5	—	3	5	7	3	2	9	73	388	19.9	12.2	0.03	—	0.03	—	—	—	0.13	0.69	0.16	2.04	0.44	50	1.57	—	4.55	—	Mountain Ash.
11	12	—	1	5	11	4	2	9	46	395	19.1	12.8	0.03	—	—	—	0.03	—	—	0.71	0.10	1.45	0.48	44	1.69	—	1.66	—	Neath Borough.
6	4	—	2	2	4	1	2	8	40	275	19.5	11.8	—	—	—	—	—	—	0.09	0.73	0.13	1.76	0.47	33	2.20	—	4.21	—	Ogmore and Garw.
6	16	—	1	5	3	3	—	6	22	215	18.7	12.9	—	—	—	—	—	—	0.06	0.12	0.24	1.08	0.54	32	6.41	—	3.10	—	Penarth.
10	6	1	1	16	12	3	4	10	49	502	20.1	13.0	—	—	—	—	0.08	—	0.08	0.77	0.03	1.58	0.44	53	2.57	1.23	1.23	—	Pontypridd.
3	8	—	—	—	—	—	1	—	14	113	17.1	13.2	—	—	—	—	—	—	0.12	0.47	0.12	1.64	0.12	14	—	—	—	—	Porthcawl.
11	21	—	1	5	15	3	4	9	27	477	19.3	11.9	—	—	—	—	0.08	0.10	0.08	0.80	0.05	1.38	0.40	43	2.60	—	1.25	—	Port Talbot Borough.
23	42	—	4	22	34	14	6	29	153	1,486	19.4	13.2	—	—	—	—	0.04	0.01	0.11	0.74	0.17	1.96	0.43	43	4.09	—	1.76	—	Rhondda.
RURAL.																													
8	12	1	1	5	12	2	5	7	42	367	17.3	10.3	—	—	—	—	0.03	—	0.14	0.31	0.11	0.89	0.39	42	—	1.54	1.54	—	Cardiff.
4	6	—	—	2	1	—	1	3	20	136	22.0	10.7	—	—	—	—	—	—	0.16	0.31	0.24	1.80	0.31	64	17.79	—	—	—	Cowbridge.
5	3	—	—	4	5	—	1	3	10	128	18.6	11.8	—	—	—	—	—	—	0.09	0.83	0.09	0.83	0.37	75	9.95	—	—	—	Gower.
3	5	1	—	7	4	—	4	12	43	271	21.1	11.5	—	—	—	—	0.04	—	0.17	0.42	0.13	1.14	0.68	36	2.01	1.95	—	—	Llantrisant and Llantwit Fardre.
7	26	—	1	10	11	3	7	21	40	443	18.5	11.2	—	—	—	—	—	0.05	0.17	0.45	0.15	1.52	0.77	47	5.40	—	1.31	—	Neath.
11	7	—	1	6	5	5	4	15	44	333	17.9	10.0	—	—	—	—	0.03	0.03	0.03	0.51	0.12	1.40	0.72	33	—	—	1.62	—	Penybont.
7	17	—	1	12	7	4	4	13	44	407	17.4	12.3	—	—	—	—	—	0.12	0.12	0.69	0.06	1.42	0.63	52	1.74	—	1.69	—	Pontardawe.



